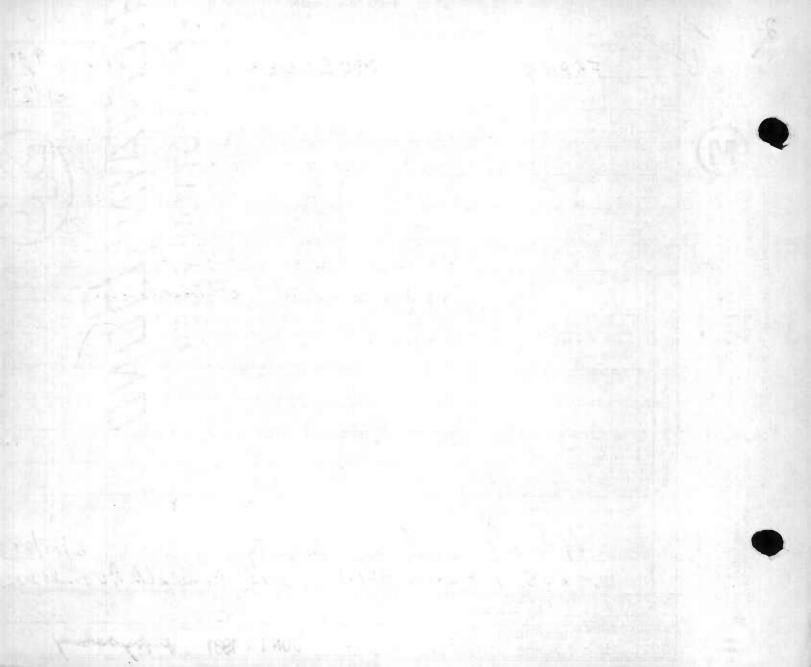
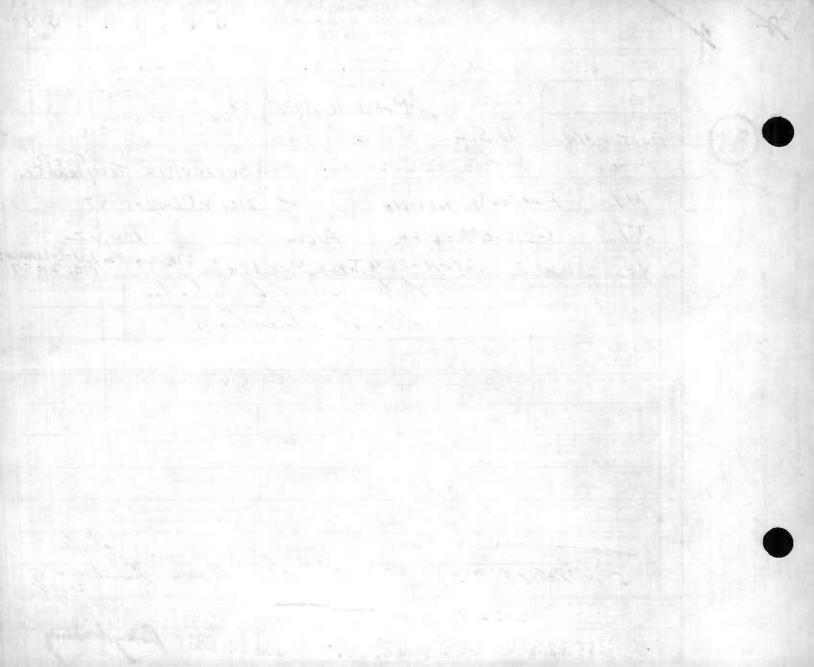
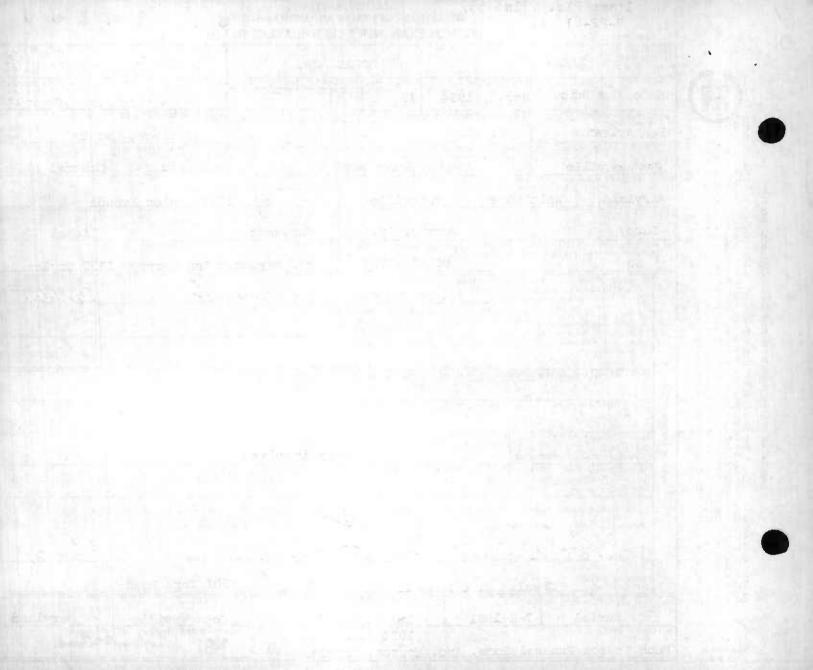
11						MARYLAND		
0	101	1-	OR TATE		DEPARTMENT OF HEALTI	HAND MENTAL HY	GIENE	4000
0	1		E STRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO	o.
1	- 1		EASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR THOUR
	th at vi to F	ДТУРЕ	FRAN	K	MI	IFILI FR	OF ESTI-	
	PLEA FICTO FIGURE STREET	1. SEX	4. RACE	5. DATE OF BIRTH		NDER 1 YR. IF UNDER 24	HRS. 2c. DATE	DAY YEAR 28 HOUR
1 2 3	75 TO 12 TO	Ma:	White	3 18	1903 78 YRS.	THS DAYS HOURS A	PRONOUNCED DEAD	6/15 1081 143 M
	ST S		THPLACE (STATE OR	7b. CITIZEN OF W	HAT COLINITAVA		9 BALTIMORE CITY O	R COUNTY OF DEATH
	田野寺主地へく	FOR	EIGN COUNTRY)	U.S.	MARE	RIED NEVER MARRIED		Country
	7 m.m		aryland Y OR TOWN OF DEATH		A. WIDOV SPITAL, NURSING HOME, OR OTH		2a USUAL OCCUPATION (TYPE	Ce County MD.
1952	う は を と と と と と と と と と と と と と と と と と と			(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	TOT PROUSTRY
1 13	SOF WATER	EC	dgemere	Pete's	Boat Yd. But	cher Rd.	Salesman	Aid
100	- SEEDO	13a S1	ATE Nb COUR	UTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	3e. STREET ADDRESS	
2120	SESTINATION OF THE PERSON OF T	Ma	ryland		Baltimore	YES NO	2303 Maryla	nd Avenue
MD	- PA - FE	14. FA	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST
m,	JOSEPH PRICE		Frederick	A.	Mueller	Margare	ette	Poske
WO	PAGORN ON O	16a. W	'AS DECEASED EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT 324	2 Sherman St	Fairfax, Va.
E	INE ISIO		No No	E WAR OR DATES)	213-01-4982	R. Marlene	e Bergstrom	22030
3	WIT P		18. CAUSE OF DEATH (Enter o	nly one cause per lin		20	TA 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TST	NE SE SE L		PART I DEATH WAS CAUSE	TE CAUSE (a)	n Shiple.	Keleid	alle roade	STATE DELIVERY ONSET AND DEATH
Į į	2 E E E E E E E E E E E E E E E E E E E		4141)		R AS A CONSEQUENCE OF			
RES	NE N		Canditions, if any, which					
5.	A TRA		gave rise to immediate couse (a) stating the under		R AS A CONSEQUENCE OF			
10	Z A A A B	1	lying couse lost.					
S. 2	NNO NIO		PART 2 OTNER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION CIVEN IN BART	l (a)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MID.	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, EF MEDICAL EXAMINER ALONG WITH FORM PM EED AS A BURIAL-TRANSIT PERMIT. PAGES I AND "HEALTH AND MENTAL HYGIENE, DIVISION OF WITH AL, CREMATION, OR REMOVAL."	z		Continuo III de Carri	THE RESIDENCE OF THE PERMITTER OF THE	or condition differ in take	1 (0).	
REC	CERTIFICATE SHOULD BE TITING THE WORD."PEND BE TO THE CHIEF MED 33 SHOULD BE USED AS, DEPARTMENT OF HEALT I PRIOR TO BURIAL, CRE	CERTIFICATION	190. DATE OF OPERATION	19h COND	ITION FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?
Z Z	SHOULD ORD "PER ORD "PER ORD "PER ORD "PER ORD A DE ORD A	FIC						YES NO
>	T BUT T	E	210. EXTERNAL CAUSE WAS	21b. TIME C	DE INJURY 21c H	IOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 I	
Ö	2385±3		UNDERLYING OR	HOUR A.	M. MONTH DAY YEAR	o transaction of the contraction		
Ö	SAR SON	MEDICAL	CONTRIBUTING CAUSE OF			DCATION		
Ž	100 E	WE	WHIE - NOT WILL		CTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
п	TO MEDICAL EXAMINER: THIS CRRIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "FR PAGE & SHOULD BE FORWARDED TO THE CHIEF N TO FUNEAR DIRECTOR PAGE 3 SHOULD BE USED. A TO FUNEAR DIRECTOR PAGE 3 SHOULD BE USED. BATTER DEATH, WITH THE STATE DEPARTMENT OF HEA BATTIMORE, MARYLAND, 21201 PRIOR TO BURRIAL, CLARK TO		AT WORK AT WORK					
	ATE. DORV		220. I certify that I taak char	ge af the remains de	escribed obove, held an Auta	psy . Inspection	Inquiry , on	nd in my opinion
	NO FEE		death resulted fram: Nati	ural couse	Accident  Suicide	, Hamicide	Undetermined manner .	
	WIT WIT		SOO	1411		TITLE (SPECIFY) A		11-12
	HCAL EXAM THE CERTIL SHOULD B SHOULD B ERAL DIREC EATH, WITH DRE, MARY		ACTUAL SIGNATURE	740	solla,	AD De feels	MEDICAL EXAMINER	SIGNED 6/13/PT
	ORI SEE			2 1	11.11.01.1	a / /	0 01	D. A. 01 04.
	A SHEET OF S	1	EXAMINER'S NAME (TYPE OR PRINT)	S. 14 11	LLUWALI/	ADDRESS 2/12	Dundall	X NO 15-112122
	BAT BET	23o.B	JRIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
-	BP	(5	Cremation	6/17/19	81 Green Mou	int	Baltimore	Maryland
1-1		24 F	INERAL DIRECTOR Duda-	-Ruck T	nc.	25a. DATE RE		ISTRAR'S SIGNATURE
1206	DHMH - 17 (VR A15 ME (5))		22 Wise Aver			222 JUN 1	7 1981 Frist	my salvery
	15M 2/80		bc 11ve1	-uc Du	LINCOLINE PILLS C.			



× x	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 1	1 4 8 0
nay be page 3 death		CEASED NAME FIRST OR PRINT) JOHN	LEO	MUELLER, Sr.	20 DATE OF DEATH Jun	e 19, 1981 The Hour
4 may	3 SE	Male	White	S DATE OF BIRTH  MONTH DAY  YEAR  MARCH // 1893	6 AGE (IN YEARS LAST BH	RTHDAY)  IF UNDER 1 YEAR  IF UNDER 24 HR  MONTHS  DAYS  HOURS  MIN  YRS.
MARS S		RTHPLACE (STATE OR FOREIGN ))  BALTOL MA.	U,S,R		- Baltim	OR COUNTY OF DEATH
56		Towson	dreater Ba	ursing home or other institution Arettanoress) Itimore Med. Cen	120 USUAL OCCUPAT  (TYPE OF WORK FOR MOST)  TET SUPERV	
hin 24 hi	130 5	AL RESIDENCE (IF NURSING HOME OR OF OF STATE 136 COUNTY	13c CITY OR	TOWN 131. INSIDE CITY LIMITS	7201 N.C	
counted with		JOHN G	EORGE MUEL	15. MOTHER'S MAIDEN	WIDDLE	BANZ
physician and composition of composi		VAS DECEASED EVER IN U.S. ARME VES, NO OR UNKNOWN) (IF YES, GIVE W VES WW		10-0804 John L. Mu	ELLER. JR. 2	TRUNINGFOX Rd-GLEN
v requires that the dea in signed by the attency her please remove car to burial, cremation, ty injury, or other tran	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  NOITIONS CONTRIBUTING	7	RMINAL DISEASE OR CON	NDITION GIVEN IN PART 1(a)
Cian.  Cian.  ficate has beer nsit permit. The Hygiene prior m 18 shows an	CERTIFICATION	IN DATE OF OPERATION	1% CONDITION FOR W	HICH OPERATION WAS PERFORMED	70s AUTOPSY?	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SIC Vsi tra tra Ite		216 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH LIF ETHER, NOTIFY MEDICAL EXAMINERS	THE TIME OF INJURY HOUR A.M. MONTH		URRED (ENTER NATURE OF INJUR	JET IN ITEM 18, PART I OR PART 2)
ENDING PHY rattending ph R. After this ce as the burial-ealth and Men is marked or	MEDICAL	THE INJURY OCCURRED  WHILE IN HOT WHILE IN HORE IN HOR IN HORE	21s. PLACE OF INJURY	PRICE FARM ETC) 211 LOCATION STREET	City on 10	WH COUNTY STATE
ATT ATT oital o for us of H		120.1 certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not) o	1////	19, and that in (my) (aur) apini	on death accurred on the d	19 that (1) (we) is fate and hour and from the causes stated
RAL DIR detached itate Dept.		77% SIGNATURE	- ans		MEDICAL STA	AFF CIAN   17. DATE SIGNED
TO HOSPITAL retained by the I TO FUNERALE should be detach with the State D IMPORTANT: I		224. PHYSICIAN'S NAME (STREET	and will	27e ADDIES IN	Parts Hospie	- Juden 21204
BP	,	Burial	6-12-81	Most Holy Redeer	ner Baltin	county state
DHMH-16 25M (VRA 15, 4) 1/79	24. FI	J. Funeral Home	klin 544	Belair Rd.	JUN 2 3 1981	R 25b. RESTS I A S. F. C.



	REGIS 1. DECEASE	DNAME	FIRST	ME	DICAL	EXAMINI	ER'S CE	RTIFIC	ATEO			REG. NO.	MONTH	DAY	YEAR	26. HOUR
Name of	(TYPE OR PRI	LI 4. RACI	EROY				JRRAY,				OF E	AATED A	Me.	29 19	93/	17 FN
(例)	Male	Whi	ite	_	934 YEAR	4. AGE (IN YEAR	Y) MONTHS		HOURS		DATE ONOUNCE DEAD	ED Jun	MONTH 1-6	29 1	98/	2d HOUR
WHERE SE	Penn:	sylvania	a	76. CITIZEN OF W		ITRY?	8. MARRIED	NEVE	R MARRIE			timore			ATH	MD
ELAY IST TO THE R I PAGE SS, 201 W	100	SONVILL		11. NAME OF HO	ACILITY, GIVE S			RINSTITUTION	ON	FOR MOS	OCCUPATOR WORKING	TION (TYPE O IG LIFE)  IC			NDUSTR	Atlan
0 m < 0 m	USUAL RES 130. STATE Mary		136 COUNT Balt	other institution, G Y imore	13c. CITY	BEFORE ADMISSIO OR TOWN rkville	, 13	3d. INSIDE CITY YES [	LIMITS?	13e. STREET	ADDRESS					
A \$ 53.2.	14. FATHER	RST		MIDDLE		ay, Sr.		5 MOTHER' FIRS	s MAIDER garet	NAME	MIDD			LAS		Tin 5
HOURS AFTER DEATH AND GIVE PAGES 1, WIG WITH FORM PM RAMIT PAGES 1 AND REMIT PAGES 1 AND FORM FORM ALL ALL	16e. WAS D	ECEASED EVER	IN U.S. ARM (IF YES, GIVE W	ED FORCES? (AR OR DATES)	16b. SOC	IAL SECURITY	NO. 17	7. INFORMA	INI			ADDRESS Murray		Bick	ravl	
RESTON ST., IN 124 HOUR IN 1EM 18. R ALONG WASIT PERMIT. HYGIENE, D EMOVAL.	17	520	IMMEDIATE					The state of the s						-	al the	_
E EXECUTED WITHIN 24 HOUNDS: IN PENCIL IN ITEM 19 DICAL EXAMINER ALONG: A BURIAL-TRANSIT PERMITH AND MENTAL HYGIENE, EMATION, OR REMOVAL.	PART 2	Canditians, if a gave rise to cause (a) stating lying cause last.	immediate the <u>under</u> -	(b)	R AS A CON	ISEQUENCE O	)F	R CONDITION G	SIVEN IN PART	T 1 :0 :						
AS A ALTH	PART 2	gave rise to cause (a) stating lying cause last.	immediate the under-	(b) DUE TO, OF	R AS A CON	SEQUENCE O	DF NAL DISEASE DI			T 1 · a					TOPSY?	<i>uA</i> ⊠
E USED AS A TOF HEALTH URIAL, CREW	PART 2 190 C	gave rise to cause (a) stating lying cause last.	TION  TONOITIONS (CONTIONS CONTIONS CON	DUE TO, OF (C)  DITRIBUTING TO OFATH  19b. CONDI  21b. TIME O HOUR A.A.	BUT NOT RELA TION FOR Y	ISEQUENCE O	NAL DISEASE DI ATION WAS	S PERFORMI	ED?	) LENTER HAT	URE OF INJURY	Y IN ITEM 18 PAI	RT 1 OR PAR	YE	TOPSY?	NdD
THE WORD STANDING SENTING SENT	EDICAL CERTIFICATION  3 0-61  COD	gave rise to cause (a) stating lying cause last.  2 OTHER SIGNIFICANT  DATE OF OPERA  EXTERNAL CAUS  ERLYING CITRIBUTING CONJURY OCCURR	TONDITIONS (CONDITIONS CONDITIONS	DUE TO, OR  (c)  19b CONDI  21b. TIME O HOUR A.A. 21e PLACE	BUT NOT RELA  TION FOR Y  FINJURY  A. MONTH	TED TO THE TERMIN WHICH OPERA  DAY YEAR 19 (AT HOME,	NAL DISEASE DI ATION WAS	S PERFORMING INJURY O	ED?	) LENTER NAT	URE OF INJURY		RT I OR PAR	YE:		NO D
HIS CERTIFICATE SHOULD BE E WRITING THE WORD. "FENDIN ARDED TO THE CHIEF MEDIC AGE 3 SHOULD BE USED AS A ATE DEPARTMENT OF HEALTH 1201 PRIOR TO BURIAL, CREW	WEDICAL CERTIFICATION  January 1 and	gave rise to cause (a) stating lying cause last.  2 OTHER SIGNIFICANT  DATE OF OPERA  EXTERNAL CAUS  ERLYING CITRIBUTING CONJURY OCCURR  LE NOT VORK AT WO  2a I certify that I th resulted frame	TION  SE WAS  DR  AUSE OF DE  WHILE ORK  toak charge	DUE TO, OR  (c)  19b CONDI  21b. TIME O HOUR A.A. 21e PLACE	BUY NOT RELA TION FOR Y FINJURY A. MONTH A. OF INJURY TORY, FARM, E	TED TO THE TERMIN WHICH OPERA  DAY YEAR 19 (AT HOME, TC.)	ATION WAS	S PERFORMING OF THE PERFORMING	ED?  OCCURRED  VOLV  Inspection  le	ed	Inquiry Inquiry	and ner .		YE:		
WARDED TO THE CHIEF MEDICAL ARREST THE CHIEF MEDICAL AGE 3 SHOULD BE USED AS A ATE DEPARTMENT OF HEALTH 1201 PRIOR TO BURIAL, CREM	MEDICAL CERTIFICATION  Table 1	gave rise to cause (a) stating lying cause last.  2 OTHER SIGNIFICANT  DATE OF OPERA  EXTERNAL CAUS  ERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	TION  SE WAS DR CAUSE OF DE RED WHILE ORK I toak charge	DUE TO, OF  (c)  DITRIBUTING TO OFATH  19b. CONDI  21b. TIME O HOUR A.A. P.A.  21e PLACE STREET, FAC	BUT NOT RELA TION FOR Y A. MONTH A. OF INJURY A. MONTH A. Corribed abo Accident	DAY YEAR  ATHOME,  TC)  TED TO THE TERMIN  WHICH OPERA  19  (ATHOME,  TC)  TO,  Suice	ATION WAS  21c. HOW  Aut  21f. LOCA  STRE	VINJURY O  TO IN  ATION EET  Hamicid THRE (SPE	DCCURRED  VOLV  Inspection  Inspection	Undetern 750	Inquiry Inquir	and ner .	in my apr	YE:		
MANER: HIS CENTRICATE SHOULD BE EIFICATE, WRITING THE WORD." PENDIN BE FORWARDED TO THE CHIEF MEDIN PROPERTY. PAGE 3 SHOULD BE USED AS A HITHE STATE DEPARTMENT OF HEALTH YLAND, 21201 PRIOR TO BURIAL, CREM	PART : PA	gave rise to cause (a) stating lying cause last.  2 OTHER SIGNIFICANT  DATE OF OPERA  EXTERNAL CAUS  ERLYING CITRIBUTING CITRIBUTING COURR  LE NOT VORK AT W.  2a. I certify that I the resulted fram.  UAL  HATURE  ALINER'S NAME	TION  SE WAS  OR CAUSE OF DE RED  WHILE ORK  Itaak charge  Natura	DUE TO, OR  (c)  DIVERBUTING TO DEATH  19b. CONDI  21b. TIME O HOUR A.A. P.A.  21e PLACE STREET, FAC	BUT NOT RELA TION FOR Y A. MONTH A. OF INJURY A. MONTH A. Corribed abo Accident	TED TO THE TERMIN WHICH OPERA  DAY YEAR 19 (AT HOME, TC)  ve, held an	Autopsy cide	VINJURY O  TITLE (SPE  DDRESS  CREMATOR	DCCURRED  VOLV  Inspection  Inspection	Undeterm  MEDICA  750	Inquiry Inquir	, and ner .	DATE SIGNED	YE:		STATE



1 1		REGISTRAR				REG. NO.		
oy be	1. DE (TYPE	CEASED NAME STATES	DENISE	Makhl	a	20. DATE OF DEATH MONTH	DAY YEAR OG SI	26. HOUR 62 15/M
a company	3. SE	9	( RACE	5. DATE OF BIRTH	YEAR 76	6. AGE (IN YEARS LAST BIRTHDAY)  YR		IF UNDER 24 HRS HOURS MIN.
72 di		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED   NEVER	MARRIED G	DAL TIMORE	C	
filed within 72.h	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	ING HOME OR OTHER INST	VORCED []	BALTIMORE  12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		F BUSINESS OR
filled in by pould be fill	13a. S	AL RESIDENCE (IF NURSING HOME OF	NTY 134 CITY OR. TO	ORE ADMISSION)	ITY LIMITS?	13e. STREET ADDRESS OER	NER AVE	
completely filled in 1 and 2 should be 1 and 2 should be 1 acquire faust be	14 F/	in the F	MIDDLE WAST	15 MOTHER'S	S MAIDEN NAM FIRST VOTUY	AE ( AND (	White	14
S. Pages 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 165 SOCIAL SEC E WAR OR DATES)	URITY NO. 17 INFORMA	- 4	ADDRESS  RHIA BALTIN		0
hysicic popers ovol. ent, the		18 CAUSE OF DEATH (Enter OF PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), a ED BY: TE CAUSE (a) PESO(4)	1 1/1.00	00+		APPROXIA BETWEEN O	MATE INTERVAL ONSET AND DEATH
sed by the attending please remove carbs prial, cremation, ar re , or ather traumatic e		Conditions, if any, which gove rise to immediate cause to), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	OM 40 SQV				
permit. Then the prior to but was any injury	CERTIFICATION	19g. DATE OF OPERATION	CONDITIONS CONTRIBUTING TO			20a AUTOPSY? 20b. IF	YES, WERE FINDIN RTIFYING CAUSES O	IGS USED
Mental Hygie Mental Hygie or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL			JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
and and ked	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATK STREET	ON C	CITY OR FOWN	COUNTY	STATE
of He		sow the deceased alive on above, (1) (we) (did) (did no	ital) attended the deceased from  5 0 19  ot) view the body after death.	ond that in (my)	our) opinion d	eoth occurred an the date and	hour and from the o	
RAL DIRECTOR: detached for us state Dept. of He NT: If Item 21 is		North	Grossman	0.40	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE:	6/8/
should be deta with the State [		V	ossman	220 ADDRES 22 S	outh (	preene St.	Balt,	Ind.
- 27		BURIAL CREMATION, REMOVAL SPECIF BURIAL J UNERAL DIRECTOR	UNE 8,1981 BE	NAME OF CEMETERY OR			COUNTY  R-HARFO	RD-MD.
50M7/77 5 (4))		MANE	MAS III, ÂBIN	IGDON, MD.		5001	intry Med	heady

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

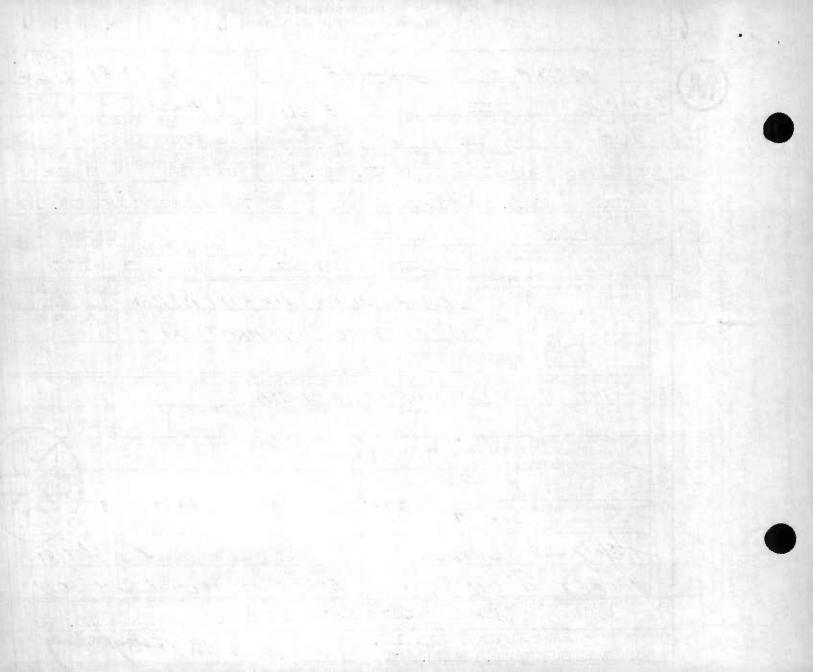
CERTIFICATE OF DEATH

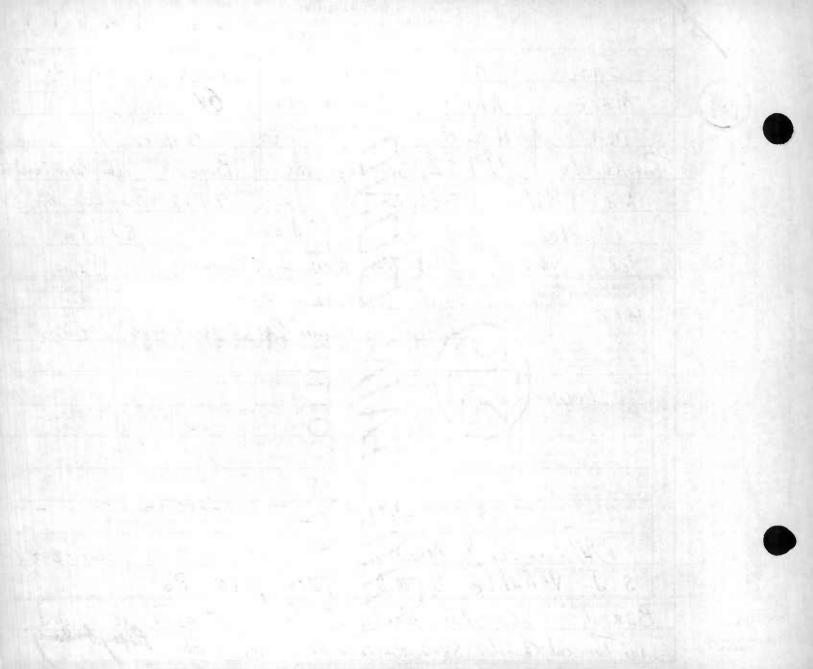
FOR STATE

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BP\_\_\_\_\_\_ DHMH - 16 50M 1/81 (VRA 15, 4)

8						STAT	E OF MARYLAND					
	1.	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG		G. NO.	4 8		0
	I. DE	CEASED NAME	FIRST		MIDDLE	- 1	NEUHOF NEUHOF	20 DATE OF DEAT	H MONTH	DAY YEAR	20 HQU	P P.N
V	(Tre		RTH	A	NI	1111	OFF.	The same of	6 19	781	211	17Du
Н	3. SE			4 RACE	//	5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	_	
	F	EMALE		WHIT		3	3 OLI		ars,	MONTHS DAYS	HOUR5	MIN.
7		IRTHPLACE (STATE OR COUNTRY)	FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH		
		POLAND		US			ED XX DIVORCED		MORE CO			MD.
1	R/	ANDALLSTOW	N	BALTIMO	ORE COUNT	ADDRESS) Y GEN	. HOSP.	120 USUAL OCCU (TYPE OF WORK FOR M HOUSEW	OST OF WORKING LIF		HOME	SS OR
5	ÜSU.	AL RESIDENCE (IF NUR	13b COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	ss AP'	Т. 304		
	1	MARYLAND		LTO.	BALTIMOR	Ê	YES NO X	7924 DUN	HILL VI	LLAGE C	IR.	21207
	14 FA	ATHER'S NAME	*	MIDDLE	1100		15 MOTHER'S MAIDEN NA					
		BER	NARD			NBACH		MIDD		UNKNĈ	ÌWN	
	16a V	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 216-32-4		3317 LAURI		DOGREBOW LTO., M	D 21	207	
7	CERTIFICATION	gove rise to imicouse (a), stating underlying cause  PART 2. OTHER SIGN  ACL  19a DATE OF OPERA	NIFICANT C	CONDITIONS CO	MONBI	EATH BUT	NOT RELATED TO THE TERM  OEDEMA	INAL DISEASE OR C	20b. IF YES	, WERE FINDI	NGS USED	
	RTIF	A						YES NO	YE		NO [	
	CAL	210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)		
	MEDI	21d. INJURY OCCUR	ILE (	(AT HOME STR	OF INJURY PEET, FACTORY, OFFICE FA	ARM, ETC )	211 LOCATION STREET	CITY	OR TOWN	COUNTY	51	TATE
		22a.1 certify that (1) saw the decease above (1) (we) (c	ed alive on	JUNE	17 19	3/, or	nd that in (my) (our) apinion o	to 30/			that (1) (w	
	-	126 SIGNATURE	-	1 . 8	Pom (')	,	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN	22c. DATE	SIGNED	7
		APFEE	Z /	7 540	E Dm . D		BALTIMO		INTY 6	SEN,	4031	0
		BURIAL, CREMATION, (SPECIFY) BURIA	100	23b. DATE 6/19,	/81 C	HEVRA	EMETERY OF CREMATORY AHAVAS CHESE	D RANDA	LLSTOWN	°BÄLTO	o. MI	D IATE
		NERAL DIRECTOR NAME  6010 REIST			& BROS.,		21215 JUN	E REC'D. BY REGISTI 23 1981	RAR 25	my her	they .	

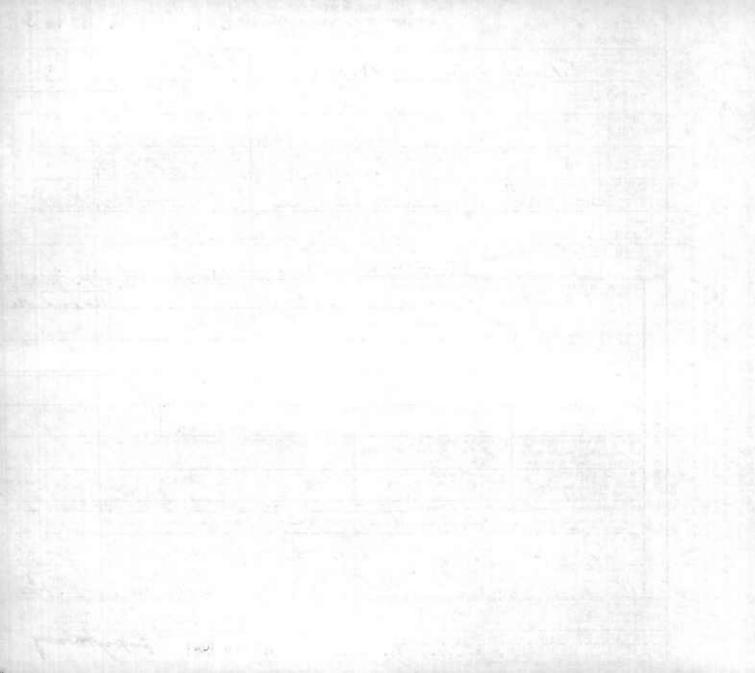




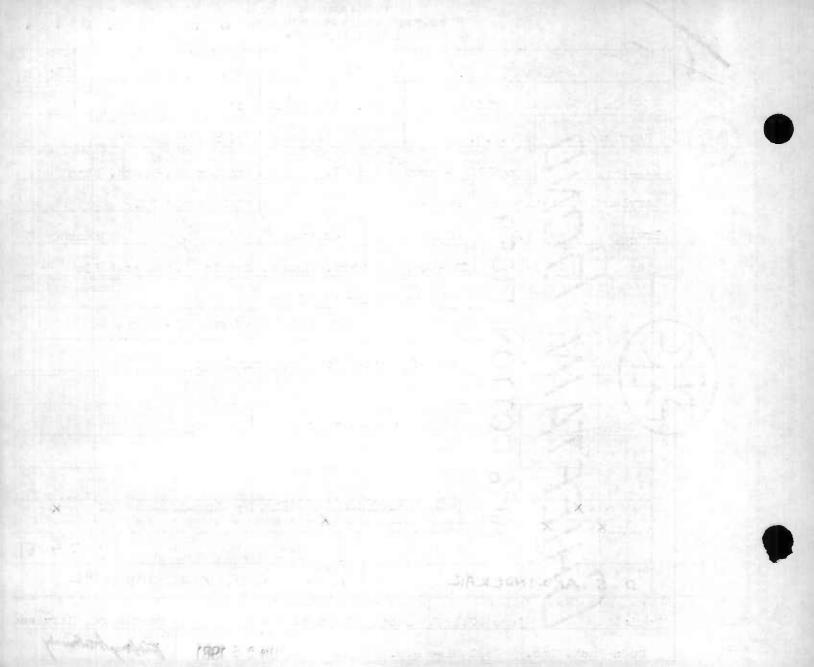
	11-	FOR STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
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THRECTOR.  OUR FILES.  THOURS  ON STREET.	3. SEX		5. DATE OF BIRTH		NDER 1 YR. IF UNDER	24 HRS. 2t. DATE MIN. PRONOUNCED DEAD	MONTH	2 1981 7 M			
35	FO	RTHPLACE (STATE OR REIGN COUNTRY)  aryland	76. CITIZEN OF WH	AT COUNTRY? 8 MARI	RIED NEVER MARRI		TO COUNT				
10	10. CI	LENGE WELL	4702	Ridgewa		120 USUAL OCCUPATION FOR MOST OF WORKING LIF O CMach . Acc	E1	126. KIND OF BUSINESS			
355	USUA 13a S	L RESIDENCE (IF IN NURSING HOME OF ATE MAR 13b. 595)	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFOR( HAISSION) 13c. CITY OR TO N		13. STREET ADDRESS P	decur	ay Ave			
30	14. FA	THER'S NAME FIRST Conrad	MIDDLE G	Neumeister	15. MOTHER'S MAIDE FIRST Eleano	MIDDLE	0	Charva t			
NOISION /	16e. V	(AS DECEASED EVER IN U.S. AR. (IF YES, GIVE YES)	MED FORCES? WAR OR DATES) -1964	166. SOCIAL SECURITY NO. 220-20-9830	Robin S.	Neumeiste:	r 9500	d.Apt. 102 Perry Hall			
HYGIENE, DA		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	(a)(a), (b), and (c).)  Not Gun W &  AS A CONSEQUENCE OF	und Con	Hoet Rt Am	terus	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ETRANSIT PER		Canditions, if any, which gave rise to immediate cause (a) stating the under-	(b)	Wech.							
BURIAL BURIAL AND M		lying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS	(c)		SE OR CONDITION GIVEN IN DA	27.1 (a)					
SED AS A HEALTH CREMATIK	TION	Depres 190. DATE OF OPER JION	sion	ON FOR WHICH OPERATION V		( ( ( ( ) ) ) ( ) ( ) ( ) ( ) ( ) ( ) (		Ten autonomo			
S Z	CERTIFICATION							20 AUTOPSY?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc			
D 10 00		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 216. TIME OF HOUR AM.	MONITH DAY VEAD	hot self	TING and	EM 18 PART I OR PAR	(T 2)			
E DEP	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE O STREET, FACTO	FINJURY (ATHOME, 21f. LC	STREET PLA	CITY OR TOWN	BALT	D 21206 mil			
2 6		220. I certify that I took charg		ribed above, held an Autor		Inquiry	and in my api	inion			
AL DIRECTOR H, WITH THE MARYLAND,		ACTUAL SIGNATURE	an C. t.	ke	TITLE (SPECIFY)	MEDICAL EXAMINER	DATE	6.2-81			
PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M.	-	EXAMINER'S NAME (TYPE OR PRINT)	IBHN C	Hylemis	ADDRESS 752.		_				
TO AFI BAI	(5	Burial	23b. DATE 6/6/81	23c. NAME OF CEMETERY C	Faith	23d. LOCATION CITY OR TOWN Overlea		more Md.			
DHMH - 17 R A15 ME (5))	-	NERAL DIRECTOR NAME SSahn Funera	1 Home	7401 Belair	1 1 1 1 1 N	REC'D. BY REGISTRAR 256.	REGISTRAR'S	OR CHEST			

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 7b. HOUR June 29, (TYPE OR PRINT) 6:15 Edward 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male White YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore Baltimore County USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Baltimore (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rd. Railroad Clerk Church JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? pino Baltimore Church Rd., #21043 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME John L. LAST Elizabeth Nizer Nizer 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Charles Lacey 3538 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o), W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate other couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 DIVISION OF VITAL RECORDS, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINELINGS LISED b IN CERTIFYING CAUSES OF DEATH? pe ond Mental Hygien YES ] NO原 YES | NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) morked or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hasnital) attended the deceased from sow the deceased olive on\_ and that in (my) laura aginion death occurred on the date and hour and from the causes stated obove, (1) (we sold) (did not) view the body ofter death. DEGREE 22b. SIGNATURE 22c. DATE SIGNED + ALTENDING MEDICAL STAFF be deto e Stote [ HYSICIAN DIRECTOR PHYSICIAN MPORTANT: 27d PHYSICIAN'S NAME LIVER OR PRINT 724 ADDRESS ld b with 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b DATE Baltimore, Maryland "Burial Holv Redeemer Timumek Fi 31 Brehms 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE uneral Home. Inc. Lane, Balto., Md. 21213 DHMH-16 60M 1/73 Funeral (VR A 15 (4))



Duda-Ruck, Inc.



K	1 - ST/ REG			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 8	REG. NO	1 4	8	1 5
(M)	TYPE OR PR	ARIA GO	GNI;	SSANT	11	AST		(	5-24	- 81	645A
3	. SEX	F.	4. RACE	/	5 DATE C	- 17 - 13	6 AGE (II	67	MONI	HS DAYS	IF UNDER 24 HRS
ed of once	a. BIRTHE	LACE (STATE OR FOREIGN Y) TTALY	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	NEVER MARRIED  DIVORCED	X .	ORE CITY OF	COUNTY OF	DEATH	M
	CITYO	ALTO.	UF NOT IN SU	HOSPITAL, NURSI	T ADDRESS)	STATE HOS	12a USUA (TYPE OF W	LOCCUPATION OF FOR MOST OF	WORKING LIFE)	NDUSTRY	F BUSINESS OR
and safe	30. STATI	A TO	R OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMITS YES NO 🔀		TADDRESS GRING G	ROVE !	STATE	= Hosp
13C	4 FATHE	ANTHONY	MIDDLE OG	NISSAN	171	15. MOTHER'S MAIDEN	MARIA	MIDDLE G	MAIO	LAS	r
medicol		DECEASED EVER IN U.S. AR	E WAR OR DATES)	216- al	7615	HA Wich	Par M.	Scian.		5 10	Dection
to Dunal, cremation, ar removal.	go co un PAI	nditions, if ony, which we rise to immediate use (a), stating the derlying couse lost.	(b)	RAS A CONSEQUENCE ON TRIBUTING TO	ENGE OF	ed Arter	Ø 4	ASE OR COND	ITION GIVEN		
shows any inju	CERTIFICATION 1100	DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	- Clivoui N WAS PERFORMED	- 141	TOPSY?	20b. IF YES, WIN CERTIFYING	ERE FINDING CAUSES	NGS USED
or Hem	WEDICAL OR (IF 21d.	ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DE  EITHER, NOTIFY MEDICAL EXAMINER  INJURY OCCURRED  INE NOT WHILE  AT WORK  AT WORK	21e. PLACE	OF INJURY ,M. MONTH [ ,M. OF INJURY REET, FACTORY, OFFICE,	19	216. HOW INJURY OCC 216. LOCATION STREET	CURRED (ENTER			OR PART 2]	STATE .
T: If Item 21 is marked	220.	I certify that (I) (this hasp saw the deceased live or above. (IT) we) (Gid (did no SIGNATURE			31	d that in (my) (aur) opin DEGREE ATTENDIN PHYSICIAI	/	L STAF	te and hour an	d from the	
MPORTANT: I		PHYSICIAN'S NAME (TYPE OF	1. CAL	IERO		270 ADDRESS 4310 0 P	of Cole	rtra	0.		
	(SPECII	BURIAL	236. DATE		NAME OF C		SIVE	CATION YOR TOWN		D -	STATE
N7/77 4))	SUNE!	RALDIRECTOR ME	Dan - 77	Say Adoress	- 0	J B J 250.	DATE REC'D. B		Sh. REGISTRAR	'S SIGNAL	DRE CONTRACTOR

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IMPORTANT:

FOR

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO

. DECEASED NAME LAST 20 DATE OF DEATH M84-87 26.80UROa (TYPE OR PRINT) Francis Joseph Ohler. 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH 12 1911 Male Cauc 70 Ta. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED COUNTRY Baltimore County Maryland DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
St. Joseph Hospital LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Towson Machinist Tools USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130, STATE Cockeysville, 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 12529 Falls Road. Maryland Raltimore Cockeysvill 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Francis Joseph Ohler Catherine Mary IN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 212-10-9817 Laura V. Ohler 12529 Falls Rd. Md. Lung Metastatic APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line fource, (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NXX YES NO [ 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM ETC.) WHILE | NOT WHILE 22a.1 certify that (Rithis hospital) attended the deceased from June 4, June June 4 81 10 81 sow the deceosed olive on. and that in (xy) (our) opinion death occurred on the date and hour and from the causes stated obove (Reve) (did) (delega) view the body ofter death DEGREE MEDICAL DIRECTOR PHYSICIAN 22d PHYSIOSE Methendez. 22e ADDRESS 4.0 HEILNANDOZZ 23c. NAME OF CEMETERY OR CRE CALORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial CITY OR TOWN 6/8/81 St. John's Church BaltimoreMd. Hydes

DHMH-16 30M 2/80 (VRA 15, 4)

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awson 10 W. Padonia Rd Martin D. Lawson

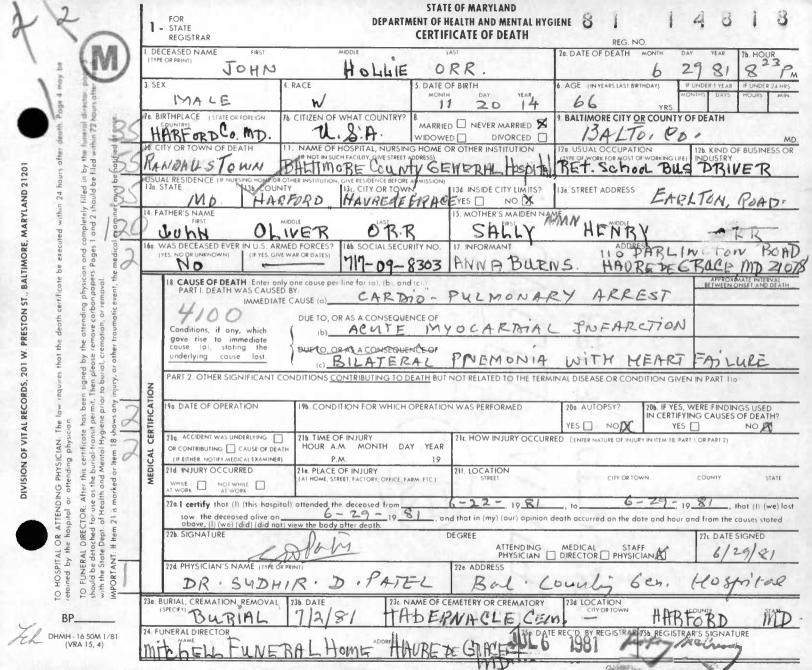
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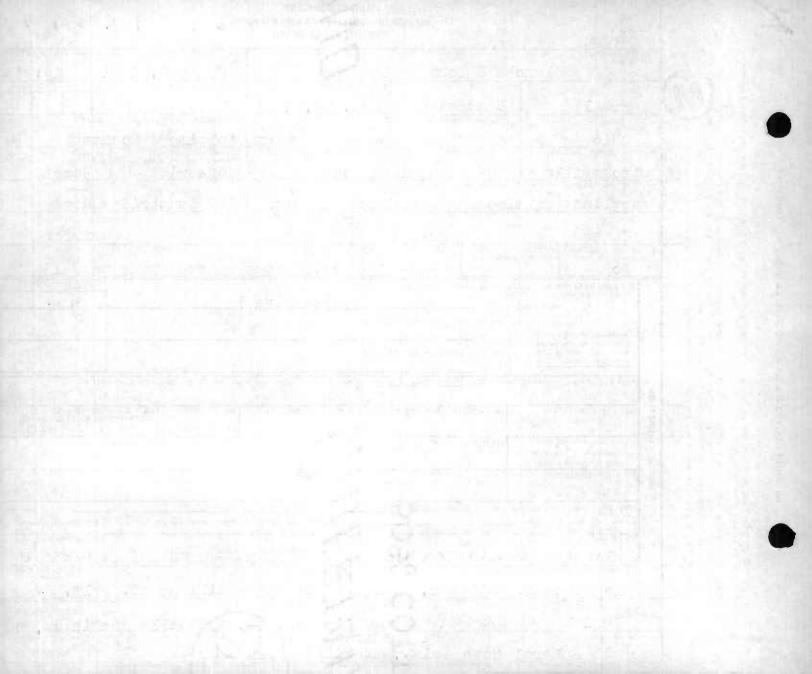
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MacNabb Funeral Home Balt., Md. 21228

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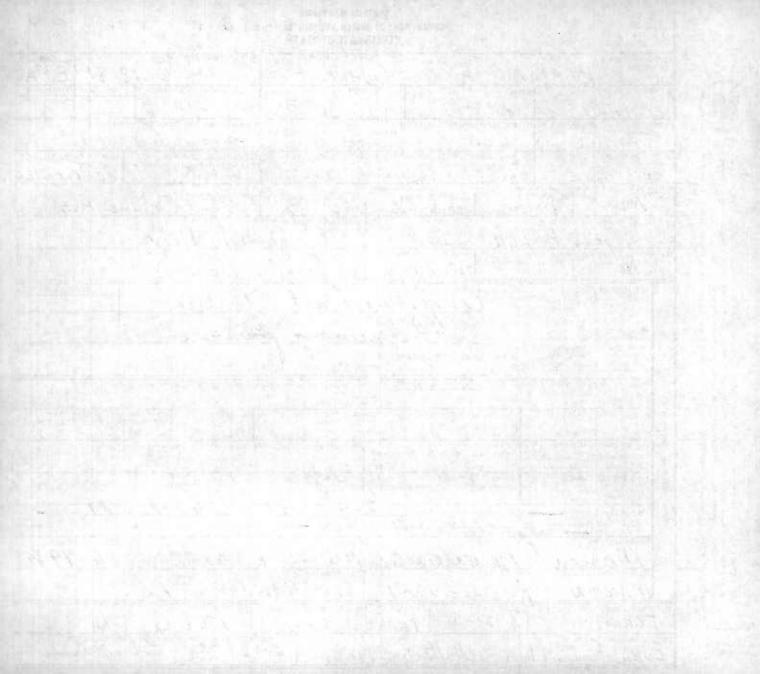
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 20. DATE OF DEATH MONTH YEAR 26 HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORKAOR MOST OF WORKING LIFE) INDUSTRY! IFRI 13d. INSIDE CITY LIMITS? NO IX 15. MOTHER'S MAIDEN NAME LAST 17. INFORMAN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f LOCATION CITY OR TOWN COUNTY STATE and that in (my) ( apinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED STAFF ATTENDING 43 MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN 22e. ADDRESS MAME OF CEMETERY OF CREMATORY STATE ARK WEED

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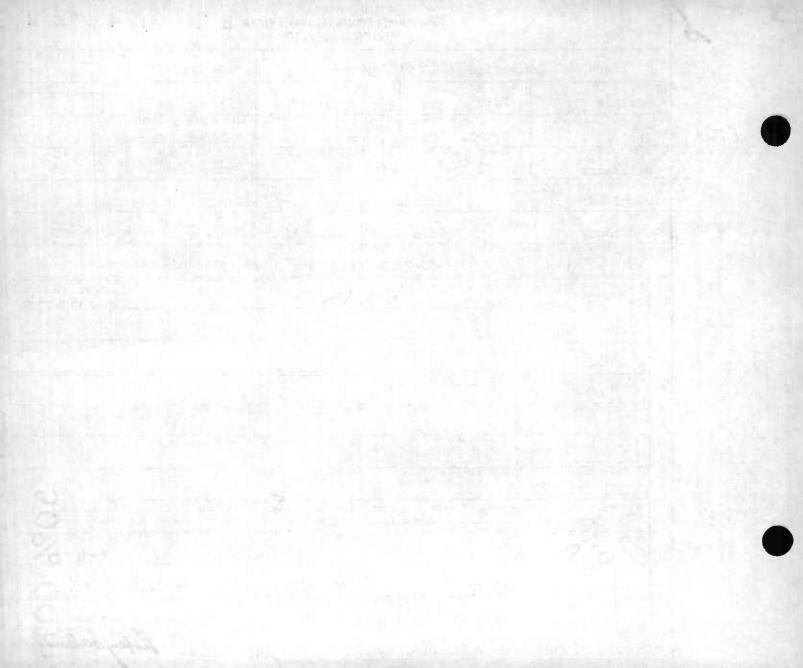
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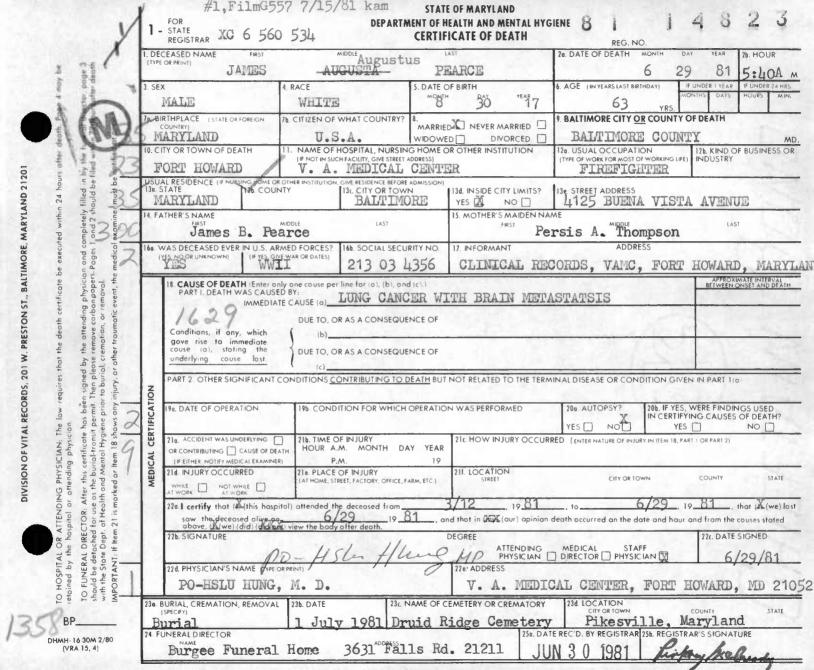
24. FUNERAL DIRECTOR

REGISTRAR 256. REVISTRAR'S SIGNATURE

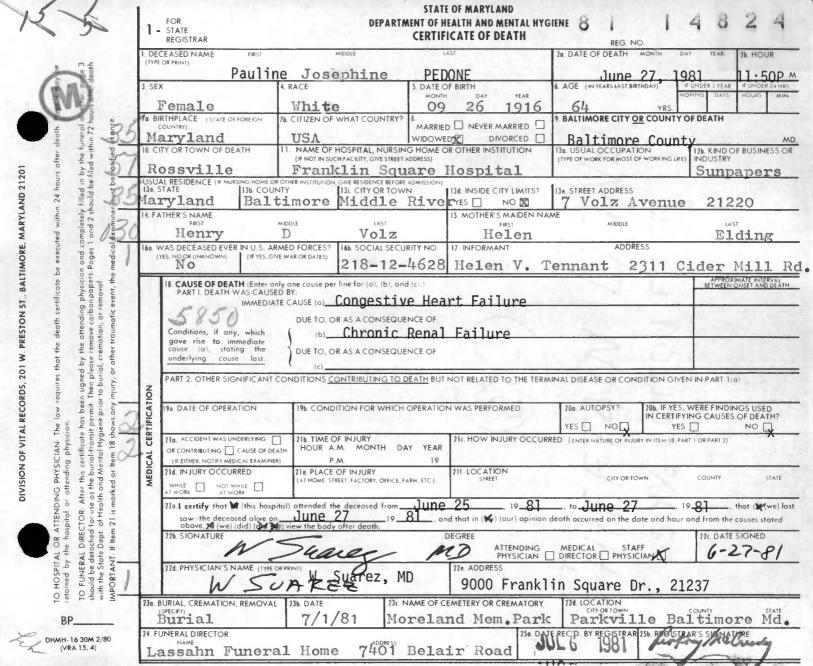


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FOR

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	4	4	8	2	3
CERTIFICATE OF DEATH	_		100		100	- 15

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	).		
1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE		LAST		MONTH DAY	YEAR	26. HOUR
Phil.	-	ward	Pemb	perton	June 10, 1	981		
3 SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	The second second	UNDER I YEAR	IF UNDER 24 H
Male	White		Apri	1 13, 1969	72	YRS		
a BIRTHPLACE (STATE OR FOREIGN'	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTYO	FDEATH	
Virginia	U.S.A		WIDOWE	D DNORCED	Baltimore	Count	y	
O CITY OR TOWN OF DEATH  Parkville	2908 T	opaz Rd	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired V.	WORKING LIFE)	INDUSTRY	f BUSINESS nt Bank
BOUAL RESIDENCE (IF NURSING HOM 130. STATE 13b. CC  Maryland Ba.		GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS? YES NO A	13e STREET ADDRESS 2908 Topa	z Rd		
4 FATHER'S NAME Philip Howa.	rd Pemb	erton	1.41	15 MOTHER'S MAIDEN NA Anna	ME Mary MIDDLE	Stable:	<b>r</b>	т
60 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
No	GIVE WAR OR DATES)	215-01-9	129	Mrs Lillian	K Pemberton		Same	
18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b), and	dical				APPROXI	MATE INTERVAL ONSET AND DEA
PART I. DEATH WAS CAL	JSEĎ BY: JATE CAUSE (0)	Ook c		lung cancer			/	year
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, W	VERE FINDIN	NGS USED OF DEATH?
710 ACCIDENT WAS UNDERLYING	21b. TIME O	E INTUIDY		Tale HOW INJURY OCCUPY	YES NO	YES [		ио 🗌
OR CONTRIBUTION OF CAUSE OF	DEATH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCUR	LENIER NATURE OF INJUR	IN IIEM 18 PART	ON PART 2)	
(IF EITHER NOTIFY MEDICAL EXAM  214 INJURY OCCURRED	P 21e. PLACE		19	21f LOCATION				
WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TOV	/N	COUNTY	STATE
224.1 certify that (1) (thus he sow the deceased alive above, (1) (we) (did) (did	on May	1 15 198	-1	nd that in (my) (surfapinion)	to <u>June</u> death occurred on the do	te and hour or		that (1) (we) causes stated
226. SIGNATURE	Charge mp			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE,	SIGNED
22d. PHYSICIAN'S NAME (TY				22e ADDRESS		4.7.1		-1776
Paul Cha	ng M.D.			5601 Loch 1	Raven Blvd	Baltim	ore, 1	1d
230. BURIAL, CREMATION, REMOV (SPECIFY)  Burial	June 1	3,1981 MOY	IAME OF C	EMETERY OR CREMATORY  Mem. Park	23d. LOCATION CITY OR TOWN	C-	OUNTY	STATE
24 FUNERAL DIRECTOR				230. DAI	Baltimore E REC'D. BY REGISTRAR		land R'S SIONAT	LIRE
Leonard J Ruck	The Bal	ADDRESS A	f = == 7 =		1 1 1 1001	Timber.	. 120ch	headle

DHMH - 16 50M 1/B1 (VRA 15, 4)

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P	1	FOR STATE REGISTRAR XC 14 9		RTMENT OF H	EALTH AND MENTAL HYC	REG. N	10.	4 8	2 6		
nay be page 3 ir death		CEASED NAME FIRST FOR PRINT)	WIDDLE		EMSTEIN	20 DATE OF DEATH	MONTH NE 25	1981	26. HOUR		
4 may	3. SE	х	1 RACE	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	-	IF UNDER 1 YEAR	IF UNDER 24 HRS		
	70 B	MALE  IRTHPLACE (STATE OR FOREIGH 7)	WHITE  S CITIZEN OF WHAT COUNTR		UST 12, 1921	59	YRS.		HOURS MIN.		
(國)了	74. 0	AUSTRIA	U.S.A.	WIDOWE		9 BALTIMORE CITY OF	MORE (		1M.		
11 23	F	ORT HOWARD	NAME OF HOSPITAL, NUR. IF NOT IN SUCH FACILITY, GIVE STR V.A. MEDICAL	EET ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) GICHNER IR	ION OF WORKING LIF	126. KIND O E) INDUSTRY	F BUSINESS OR		
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pital or TTCR: Affor use o of Health		220.1 certify that X (this haspite saw the deceased alive an abave, A (we) (did) Advisor	JUNE 25	JANUA 81	RY 30 , 19 81 and that in (My) (our) opinion	to JUNE 2 deoth accurred an the d	,		that <b>X</b> (we) last causes stated		
TALOR A y the has RAL DIREC detached tote Dept. VI: If them		22b. SIGNATURE Pagliana	Clar	9 n	DECKEE	MEDICAL STA		220. DATE	SIGNED 25.8		
etoined by the TO FUNERAL should be det with the State		224 PHYSICIAN'S NAME (TYPE OR VADHANA CLA	/	/	V.A.M.C. F	ORT HOWARD,		LAND	- )		
₽ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩		BURIAL, CREMATION, REMOVAL SPECIFY) Burial			emetery or crematory ille Vetera	23d LOCATION CHYORTOWN	OWEST	COUNTY	STATE		
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F F 76	JNERAL DIRECTOR LECK LAUREL E 001 Sandy Spr			25n DAT	E REC'D. BY REGISTRAR	25b. RF 15T	- JACK	A. Md.		

A 01 1 191 (3 180 ) 10 A 12, 1921 ALL W. H. L. 1921 ALSTE LA STATE ALSTE ALS ON IN COMPANY THE PROPERTY OF PARTIAL CONTRACTOR SECURE SALES OF THE SALES AND THE PARTY OF T YES I WAY STEEL TO STEEL TO A STE BORLE & CALLEY CHARLES TO THE TOTAL OF THE PARTY AND L. L. LASSISHOLLAND injury, or other troumotic event, th

marked or Hem 18 shows ony

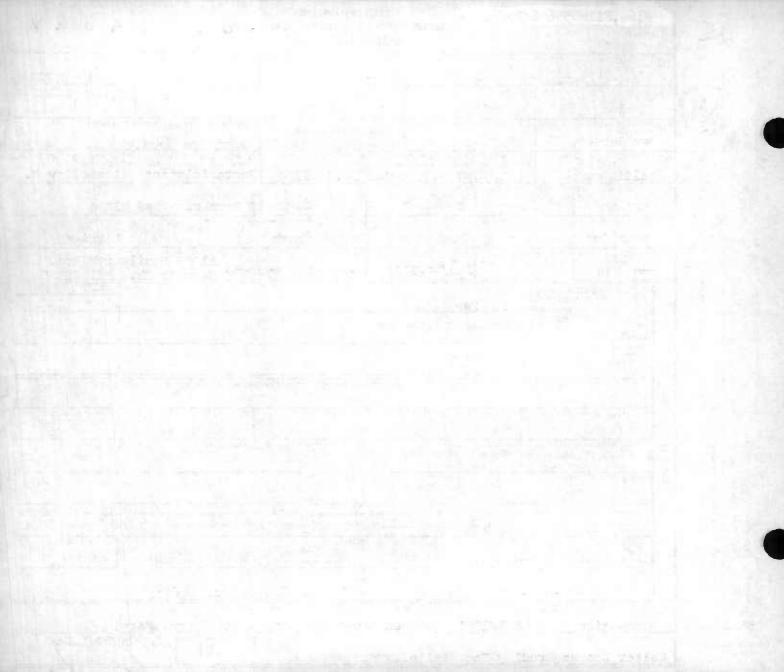
IMPORTANT: If Hem 21 is

STATE OF MARYLAND

	1-	STATE REGISTRAR			DEFAI		ICATE OF	DEATH	REG.	NO.			Em (		
ı		EASED NAME	FIRST		MIDDLE	1	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR		
	(lire		rneliu	IS Z	Alfred	Perr	v			5	4	81	9:20A M		
d	3. SEX			RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST		IF UN	DER I YEAR	IF UNDER 24 HRS		
И	1	Male		Whit	ce	MONTH 2	21	1898	83		MONT	HS DAYS	HOURS MIN.		
	7a. BIF	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTR	Y2 8			9. BALTIMORE CITY	OR COUN		DEATH	1		
/		OUNTRY)  Jersey		U.S.A	4	MARRIE		MARRIED DIVORCED							
4		TY OR TOWN OF DE			HOSPITAL, NUR				Baltimore	LOUI		2h KIND C	MD OF BUSINESS OR		
0		Baltimore		GBMC 6	701 N. (	Charles	St.	21204	Bacteriol		G LIFE) 1	NDUSTRY	Gov t.		
1	13e. S		13b COUNT		13c. CITY OR TO		13d INSIDE	CITY LIMITS?	13e. STREET ADDRES						
2	M	laryland	Balti	more	Towson	1	YES [	NO 🛣	3 Burnbrae Road 21204						
	14. FA	THER'S NAME		IDDLE	LAST			R'S MAIDEN NA	ME			145			
0	C	ornelius	,,,,		Perry		Eli	zabeth	Harrison						
Ĩ		AS DECEASED EVER			16b. SOCIAL SE	CURITY NO.	17. INFORA	MANT	1100	Kess Ken	11	and b	7,***		
	(Y	No Yes	(IF YES, GIVE	WAR OR DATES)	220/30/	3116	Betty	P. Town					20766		
		18 CAUSE OF DEAT	TH (Enter only	000 0000 000	line for (n) (h)	and (c) )			Gall	ELL F	T	APPROX	MATE INTERVAL ONSET AND DEATH		
		PART I. DEATH V	VAS CAUSED	BY:	Pneumoni						1	BETWEEN	JUSEL AND DEATH		
	47.1	11010	IMMEDIATE	CAUSE (o)	rneulion.	La	-				-				
	5	4860		DUE TO, O	R AS A CONSEC	QUENCE OF									
		Conditions, if ony gove rise to im	, which	(b)							-				
		couse (a), station	ng the	DUE TO, O	R AS A CONSEC	QUENCE OF									
		oriderlying couse	e lost.	(c)_											
	_	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE OR CO	NDITION	GIVEN I	N PART 1	01		
	CERTIFICATION														
2	CAI	190. DATE OF OPERA	TION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERI	ORMED	20e AUTOPSY?	20b. IF	YES, WE	RE FINDIN	NGS USED		
	TE								YES NO	III V CEI	YES [	YING CAUSES OF DEATH?			
)	E E	210. ACCIDENT WAS UN		21b. TIME C		DAY WEAR	21c. HOW	INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM	18 PART 1	OR PART 2)			
		OR CONTRIBUTING			M. MONTH M.	DAY YEAR									
	MEDICAL	21d. INJURY OCCUR		21e. PLACE		17	21f LOCA				_				
	W	WHILE NOT W	HRE C	(AT HOME, STE	REET, FACTORY, OFFIC	CE, FARM, ETC )	STRI	ET	CITY OR	TOWN		COUNTY	STATE		
				b 1 1 d	1 11	47	26	10 81	to 5/4	-	_ 19_	0.1			
		22a. I certify that (I) sow the deceas		offended th		"			death occurred on the	data = ad 1			that (1) (we) lost		
		obove, (1) (we) (	did) (did not)	viewshe body	ofter death.			y/ (001) Optimon (	deoin occurred on the	dote ond	nour one				
		226 SIGNATURE	10				DEGREE	ATTENDING	MEDICAL S1	AFF		22c. DATE	SIGNED		
		Knnell	20-1	remo	m m	P		PHYSICIAN [	DIRECTOR PHYS	ICIAN X		5/4/	81		
	0.1	22d. PHYSICIAN'S N				1997	22e. ADDR	ESS				74			
		Annel1	le B. F	Primm,	M.D.		6701	N. Char	les St. 2	1204					
		URIAL, CREMATION,	REMOVAL	23b. DATE	23	. NAME OF C		RCREMATORY	23d. LOCATION						
		Cremation		5/5/19	981	Green M	ount C	emetery	Baltimo	re. M		and	STATE		
- 1	_											-			

DHMH-16 30M 2/B0 (VRA 15, 4)

24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md.



mpletely filled in by the and 2 should be filed wi

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTI		ICATE OF E		REG. N	0.	4	Ø	4	a
	CEASED NAME E OR PRINT)	FIRST		MIDDLE		AST		20. DATE OF DEATH	HINOM	DAY	YE AR	26 HOL	JR
		MARY		A. PFA		ADENHAUER			06	09	81	6:50	O PA
3 SE	X		4. RACE		5. DATE C		25.10	6. AGE (IN YEARS LAST BIE	(YAGHT	IF UNI	DER I YEAR	IF UNDER	R 24 HRS
	FEMALE		WHIT	E	03	28	1897		84 YRS		DATS	HOURS	MIN.
	IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER		9 BALTIMORE CITY			EATH		1=141-
	ARYLAND		U.S.	Α.	WIDOWE		VORCED [	BALTIMO	RE C	TNUC	Y		MD
	ITY OR TOWN OF			HOSPITAL, NURSIN THE FACILITY, GIVE STREET THAVEN	ADDRESS)			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake	OF WORKING		b. KIND O NDUSTRY	F BUSINI	ESS OR
13a :	AL RESIDENCE (IF) STATE aryland	136 COU		GIVE RESIDENCE BEFORE 134. CITY OR TOW Lansdo	N	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 2206 Allet	ta A	ve.	Ba1t	2122	7 Md.
14 F/	ATHER'S NAME Michae	e1	MIDDLE A ◆	Schaef	er	15 MOTHER"	S MAIDEN NA				LAS		
	WAS DECEASED EN		RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMA	INT	ADDR	ESS		2122	8	
	NO		AE MAK OK DATES)	213-03-	6665	Doro1	es Jowa	nowitch 806	Sou	thr	idge	Rd.	
	18 CAUSE OF DI PART I. DE AT	H WAS CAUS	nly ane cause per ED BY: TE CAUSE (a)	line (mai) (b), an	le	(c	VA)				BETWEEN O	MATE INTE	RVAL ) DEATH
	Conditions, if	/ -	DUE TO, O	R AS A CONSEQUE	ENCE OF							14	
	cause (a), st		DUE TO, O	r as a conse <b>o</b> ue	ENCE OF		16.						
NO	PART 2 OTHER S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
CERTIFICATION	190. DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	206. AUTOPSY? 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES (				TH?	
CAL CER	210. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE	AID .	FINJURY M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURI	RED (ENTER NATURE OF INJU	IRY IN ITEM I	8 PART I (	OR PART 2)		

MED

21d. INJURY OCCURRED

22a. certify that (I) (this hospital) offended

224. PHYSICIAN'S NAME (TYPE OF PRINT)

HAROLD BOB. CREMATION, REMOVAL 21e PLACE OF INJURY HOME STREET, FACTORY, OFFICE, FARM ETC )

21f LOCATION

CITY OR TOWN

COUNTY

STATE

(my) (aur) opinion death accurred on the date and hour and from the causes stated 22t. DATE SIGNED

PHYSICIAN 29e ADDRESS

7220 PARK HEIGHTS AVENUE

ATTENDING

234 LOCATION

MEDICAL

DIRECTOR

MARYLAND

Burial 24 FUNERAL DIRECTOR

226. SIGNATUM

6/12/81

236 DATE

23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK

DEGREE

BALTIMORE CITY

STAFF

PHYSICIAN [

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then pl with the State Dept. of Health and Mental Hygiene prior to buri MPORTANT: If Hem 21 is morked or Hem 18 shows any

certificate has be

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

CAMPAGE THE A LEGISLA A STATE OF THE PARTY OF THE PAR The statement of the statement and profit binded of THE POPULAR OF THE STATE OF THE POPULAR OF THE POPU Throughly are called the called through and the mind of area

	1,	FOR STATE		DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MENTAL H	YGIENE 8	1 4 8	29
		REGISTRAR		CI	ERTIFICATE OF DEATH	REG. N	0.	
		CEASED NAME F	IRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
y be			Walter	Leo I	farr Sr.	June	7th 1981	1:55P
m bo	3. SE	X	4 RACE		DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
Poge 4		Male	White		Aug. 1,1904	76	YRS.	MIN.
Podir Pod	70. B	IRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	ARRIED X NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF DEATH	14L 7.125
leoth in 72	4	Indiana	USA		DOWED DIVORCED [		re County	M
with with	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING H	OME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b. KIND	OF BUSINESS OF
filed filed		Towson		Josephs Hos		Mgr. Stati	ons & Rai	lroad
De se in	13e.	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADM	ission) 113d. INSIDE CITY LIMITS		operations	
filled ould k		arvland	Baltimore	Rodgers Fo			rs Forge Rd	
42 sh		ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	0	AST
and		John J.		LASI	Wilhel	mina Klotz	L)	1,51
nd co ges 1		WAS DECEASED EVER IN		16b. SOCIAL SECURITY		ADDR	ESS	
Poges medico	l '	NO NO OR UNKNOWN) (1	FYES, GIVE WAR OR DATES)	705-05-259	7 Ferndale M	Pfarr	Same	
physicion onpopers- emovol.		18 CAUSE OF DEATH	enter only one couse ner	r line for (o), (b), and (c).				XIMATE INTERVAL N ONSET AND DEATH
vires tho signed by en pleos o buriol, ury, or of	z		CANT CONDITIONS CO	ONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)
s been s rmit. Th prior to	CERTIFICATION	19a DATE OF OPERATIO	N 196 COND	ITION FOR WHICH OPE	RATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
cion.	1 1					YES NO	YES 🗌	NO 🗌
certificate violations of the second of the		210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.		YEAR	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
S S S	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM,	21f. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
After the cost the co		220-1 certify that M (th	is hospital) attended th	se decensed from	-22 19.81	to 6-	-7 10 8T	, that M (we) la
ATTENDING spital or off CTOR: After d for use as t for use as t for use as t of Health o n 21 is morke		saw the deceased of	olive on 6	7 19 81	ond that in (my) (our) apini	on death occurred on the d	ote and hour and from th	
		obove, M) (we) (did)	( <del>did not</del> ) view the bady	after death.	DEGREE		72c DAT	E SIGNED
the him hocke		a a	aces	ear 6	ATTENDING	MEDICAL STA	FF G	7/81
FUNERAL INTERAL INTERA	-	22d. PHYSICIAN'S NAMI	TYPE OR PRINT)		22e. ADDRESS	DIRECTOR PHYSIC	CIAN .	,,,,
etoined by the TO FUNERAL D should be detoc with the Store D						73 7 00	373 03 001	
TO FUNE should be with the S	-		Alecce M			Road, Towson	1, Md. 21204	
	1	BURIAL, CREMATION, REA	0.00		E OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY	STATE
BP		Entombment	June		ruid Ridge	Pikesvill	e. Balto. C	o. Md.
-16 30M 2/80		UNERAL DIRECTOR		ADDRESS 65	JOU TOLK KG .   11	DATE REC'D, BY REGISTRAR JN 90 1981	230. KEGISTRAR'S STONA	Brook
VRA 15, 4)	Mi	tchell-Wied	efeld Home.	Inc. B:	Tro. Md J	717 <b>7</b> 6 1301	4	1

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STATE OF MAKILAND

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Elime Funeral Home Hampstead, Md. 21074

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE

(VRA 15, 4) 1/79

gend nestypen of the color tens of the color ten RIMAR BURD - M. Lawrey Control of well unnel, 52 come Comet my the water tone thought on the district and the same and

LAST

PROTISKI

7/15/1908

YES [

17. INFORMANT

MARRIEDXX NEVER MARRIED

13d INSIDE CITY LIMITS?

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

DIVORCED [

NO IX

15. MOTHER'S MAIDEN NAME

FIRST

Constance

6. AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

TYPE OF WORK FOR MOST OF WORKING LIFE

MIDDLE

20. DATE OF DEATH

72

REG. NO

10:00 IF UNDER I YEAR

JUNE 23, 1981

MONTH

IF UNDER 24 HRS

2h HOUR

9. BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

12b. KIND OF BUSINESS OR

INDUSTRY Clothing Mfgr.

Seamstress 13e. STREET ADDRESS

21222

1927 Walnut Ave.

LAST

ADDRESS

Unknown

Walter Wm. Protiski---Same as 13e

& CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

obove, (I) (we) (did) (did not) view the body ofter death.

HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION STREET

ATTENDING V

CITY OR TOWN

NOX

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

that ( we) lost

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE T NOT WHILE 220.1 certify that (15 (this hospital) attended the deceased from sow the deceased alive on

P.M.

21e PLACE OF INJURY

MIDDLE

CYRUL

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

1927 Walnut Avenue

13c CITY OR TOWN

Dundalk

Cvrul

166. SOCIAL SECURITY NO.

213.03.5988

WHITE

U.S.A.

4. RACE

WOULD RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

(IF YES, GIVE WAR OR DATES)

136 COUNTY

Balto.

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STAFF

Th. DATE SIGNED

22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

DEGREE

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN [

20a AUTOPSY?

Maryland

Oak Lawn Cemetery 25a. DATE REC'D.

CITY OF TOWN

Baltimore

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burial

230 BURIAL, CREMATION, REMOVAL

- STATE

TYPE OR PRINTS

3 SEX

1. DECEASED NAME

REGISTRAR

FEMALE

Russia

10. CITY OR TOWN OF DEATH

Dundalk

Alexander

190 DATE OF OPERATION

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

LYES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Md.

4 FATHER'S NAME

No

CERTIFICATION

MEDICAL

00

ò

4

MPORTANT

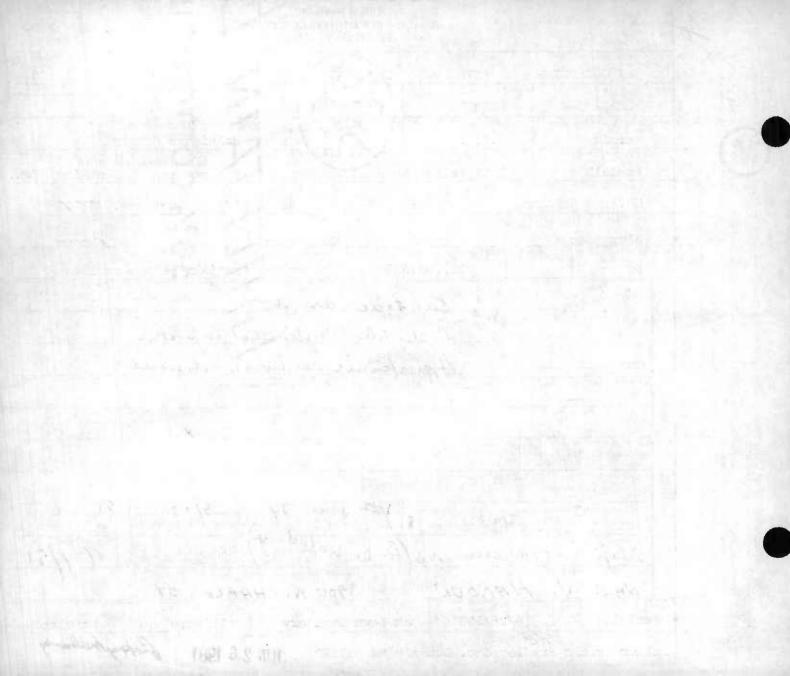
TO BIRTHPLACE (STATE OF FOREIGN

JOSEPHINE

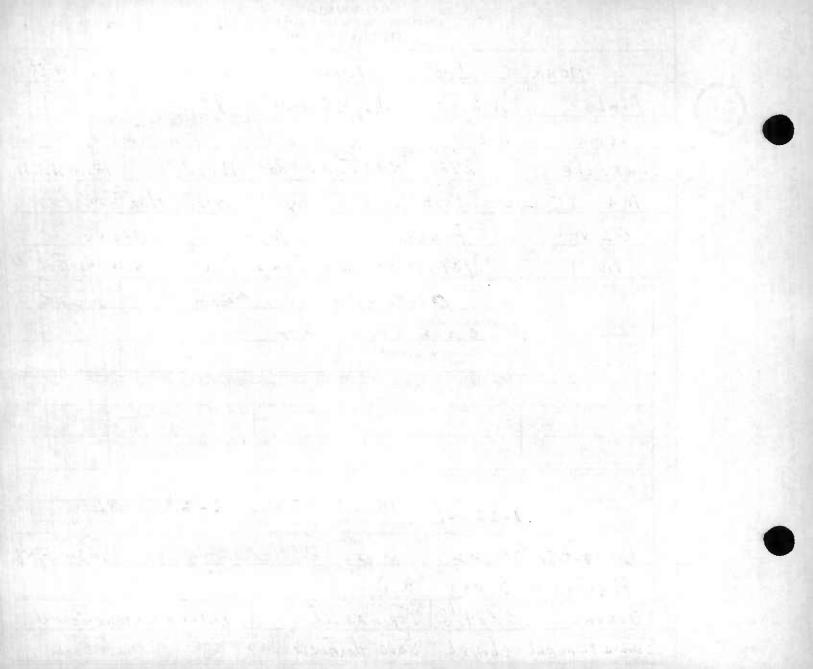
Walter Brooks Bradley Inc. Dundalk Md

6/26/1981

21222



FOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	٥.		
	CEASED NAME OR PRINT!	FIRST	1	MIDDLE	1	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR
		ILLIAM		Α.	Q	UADE	June 3, 19	981		2:05
3. SE)	<	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 H
	Male	1	White		Marc	h 22, 1922	59	YRS.	ONINS DATS	HOURS M
7a. B!	RTHPLACE (STATE OR I	FOREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
	Maryland		U.S.A		WIDOWE		Baltimor	e Coun	ntv	
	TY OR TOWN OF DEA	ATH 1			ING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATION	ON	12b. KIND C	F BUSINESS
7	Towson			HFACILITY, GIVE STREE		dical Center	(TYPE OF WORK FOR MOST O	F WORKING LIFE		Inc.
USUA 13a. S	AL RESIDENCE (IF NURS TATE aryland		THER INSTITUTION. Y		RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 9848 Harfo	rd Pd		
_	THER'S NAME	Darci	INIOLE	Carney		15 MOTHER'S MAIDEN NA		I a Ma		
	William	A F	DDIE	Quade		Lillian	J MIDDLE		Cox	ST
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS		0.0
(1	Yes	WW 11	L	215-14-	0795	Mrs Virginia	a Quade	Sai	me	
CERTIFICATION	PART 2. OTHER SIGI	NIFICANT CO				NOT RELATED TO THE TERM	20a. AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDI	NGS USED OF DEATH?
ERTI	21a. ACCIDENT WAS UNI	DERLYING -	21b. TIME O	E INTURY		21c. HOW INJURY OCCUR	YES X NO		S (X)	NO 🗆
-	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH		The Front Hook Poccoki	(ENTER NATURE OF INJUR	THAT IEM TO TH	ant I OM PART E)	
MEDICAL	(IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR		21e. PLACE		19	21f. LOCATION				
ME	WHILE NOT WE	HILE .	(AT HOME, STE	REET, FACTORY, OFFICE.		STREET	CITY OR TO	WN	COUNTY	STATE
	220. I certify that (I) sow the deceas above, (I) (we) (	ed olive on_	Dane	) 19		9 , 19 <u>81</u> ad that in (my) (our) opinion	, to <u>June 3</u> death occurred on the do	, 1 ite and hour		that (I) (we)
	226. SIGNATURE	br e.	V	AND.		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAR		22¢. DATE	
	226 PHYSICIAN'S N	AME (TYPE OR F				22e ADDRESS		7/47		
	Charles					6701 N. Char		lto.,	Md. 21	204
230 8	BURIAL, CREMATION, SPECHBURIAL	REMOVAL	23b. DATE 6/6/8			emetery or crematory ad Mem. Park	23d LOCATION Baltimor	e, Ma	rÿländ	STATE
04 51	INTERNAL DIRECTOR					Inc. DAT	E DECID BY DECISTRAD	ALL DECOME	0 4 D/C 0 1 0 W 4 T	

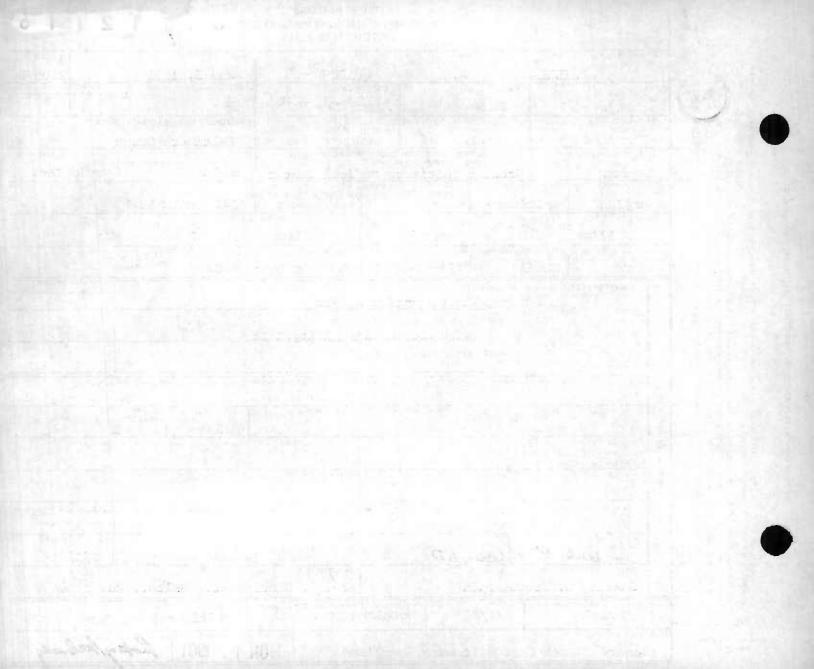
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Leonard J Ruck Inc. Baltimore, Maryland NAME

250. DATE REC'D. BY REGISTRAR 256.

JUN 4 \_ 1981



FOR

STATE

1. DECEASED NAME

(TYPE OR PRINT)

DHMH-16 30M 2/80

(VRA 15, 4)

REGISTRAR

Innetta T. Rach - 48 Aconn Cinc APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) COUNTY STATE and that in (my) (our) opinian death occurred on the date and haur and from the causes stated 22c. DATE SIGNED 6-4-81 DIRECTOR PHYSICIAN X 6701 N. Charles St. Towson, MD 21204 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY Immanuel Lutheran Cem Buria Miller Inc-6415 Belath Road-212-6

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

2b. HOUR

126 KIND OF BUSINESS OR

3:20P. M

IF UNDER 24 HRS

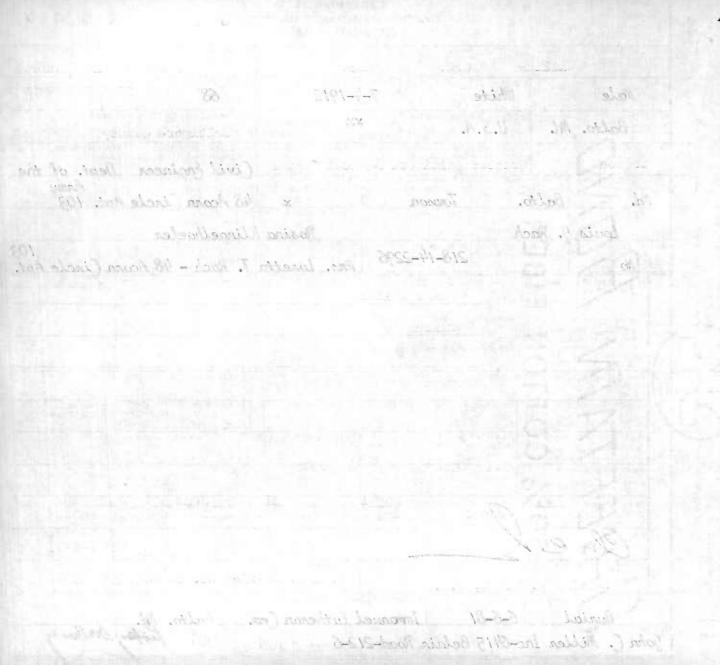
81

IF UNDER 1 YEAR

INDUSTRY

3

20 DATE OF DEATH



/	1	FOR STATE	a-22a f	11m G559	DEPARTMENT O	HEALTH	AARYLAND I AND MENTAL H		14	3 3	1
Ю	1. DE	REGISTRAR CEASED NAME PE OR PRINT)	FREST	NDA	MIDDLE A.		SCHE	2a. DATE KN	ESTI-		2b. HOUR
Y, PLEASE IRECTOR. DE FILES. VAIDURS	3. SE		LINI RACE White	5. DATE OF BIRTH MONTH DAY Dec. 31,	VEAR LAST DIDTA	HOAY) MONT	RATCHE NDER 1 YR. IF UNDER HS DAYS HOURS	24 HRS. 2c. DATE MIN. PRONOUNC DEAD	MONTH	13-81, DAY YEAR 13-81,	12.00
FCESSAR INFRALD FFESSAR	FC	RTHPLACE (STA	TE OR	76. CITIZEN OF W		8. MARR	IED ANEVER MARR	IED   9 BALTIMO	RECITY OR COU	NTY OF DEATH	1 100
PAGE 5 PAGE 5 S. 201 W.	10. C	owson		St. Jose	SPITAL, NURSING HOACH	tal	HER INSTITUTION	120 USUAL OCCUPA FOR MOST OF WORKIN ACCOUNT	TION (TYPE OF WORK		TRY
AND 31 AND 31 RETAIN RECORD	13a. S	AL RESIDENCE (IF TATE <b>ryland</b>	13b. COUN Bal	OR OTHER INSTITUTION, G ITY LIMOPE	13c. CITY OR TOWN	ssion)	13d Inside City Limits? YES NO	13. STREET ADDRESS	Morven	Road	
AND 2S		James		MiDale T.	Nemphos		15. MOTHER'S MAIDE Norma	EN NAME MIDE	Fo	ssett	
GIVE PAR ITH FOR PAGES 1 VISION (	()	WAS DECEASED ES, NO, OR UNKNOW NO	(IF YES, GIVE	WAR OR GATES)	166. SOCIAL SECUR 220-54-( e far (a), (b), and (c).)		Carroll	C. Rasche	ADDRESS Baltim		
PRD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR.  CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 F. CONTRICE.  CUSED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH 12 PHOURS  COF HEATH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 WITH PER MISTERY,  URIAL, CREMATION, OR REMOVAL.	NO	gave rise cause (a) s lying cause		DUE TO, OF	R AS A CONSEQUENC		E OR CONDITION GIVEN IN PA	RT 1 (a).			
E USED A	CERTIFICATION	19a DATE OF C	PERATION	19b COND	ITION FOR WHICH OP	ERATION W	AS PERFORMED?			2D. AUTOPSY	
ARTMEN TO BE		21a EXTERNAL UNDERLYING CONTRIBUTING	_		M. MONTH DAY YE	AR 21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR I	PART 2)	
ATE DEP	MEDICAL	21d INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION STREET	CITY OR TOWN	· c	OUNTY	STATE
ATH, WITH THEST		220   certify death resulted ACTUAL SIGNATURE		ge af the remains de rol couses ,	Accident , ,	Autop Suicide L M	Homicide ,	I Inquiry  Undetermined moni	D 47		-81
EXECUTE THE CERTIFICATE, WRITING THE WORD," IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF YOF FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	00.0	EXAMINER'S N (TYPE OR PRINT			Korell,M.			Penn Stree	t		
	(	URIAL CREMATI Burial UNERAL DIRECT		June 16,	181 Park		Cemetery	23d. LOCATION Baltim REC'D. BY REGISTRAR	ore Co.	, Md.	STATE
MH - 17 5 ME (5) )	-	NAME		nson8521	Loch Ra	ven :	200000	1 5 1981	history !	Calready	

T. U.U. III. I Team 30. 3032 1's Hospitol Louise 1's scot .06 The same of the sa the state of the s the terminal processing the contract of the co and a best of the late of the MIDDLE

Cashier- Life Insurance Co. 14308 Robcaste Road Moody **ADDRESS** Mrs. W. A. Scott, Same As #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FAILURE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (ma) (aur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN Burial Birmingham, Alabama STATE Elmwood Cemetery 6-24-81 1050 York Road 250 DATE REC'D. BY REGISTRAR 256 RESTER ES SIG 24 FUNERAL DIRECTOR ADDRESS 198 Ruck Towson Funeral Home, Inc. Towson, Md. 21204 JU

FOR - STATE REGISTRAR

DHMH-16 30M 2/80

(VRA 15, 4)

I. DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

YEAR

8

IF UNDER 1 YEAR

26 HOUR

17K KIND OF BUSINESS OR

20. DATE OF DEATH

STATE

REGISTRAR

DECEASED NAME

Markel

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 CERTIFICATE OF DEATH

REG NO

20 DATE OF DEATH MONTH 2h HOUR 22, 1981 IF UNDER I YEAR IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH Baltimore County

12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

13e STREET ADDRESS 1844 East Avenue

APPROXIMATE INTERVAL

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

YES [

STATE

NO I

(our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial

Oak Lawn

6-26-1981

23d LOCATION Baltimore

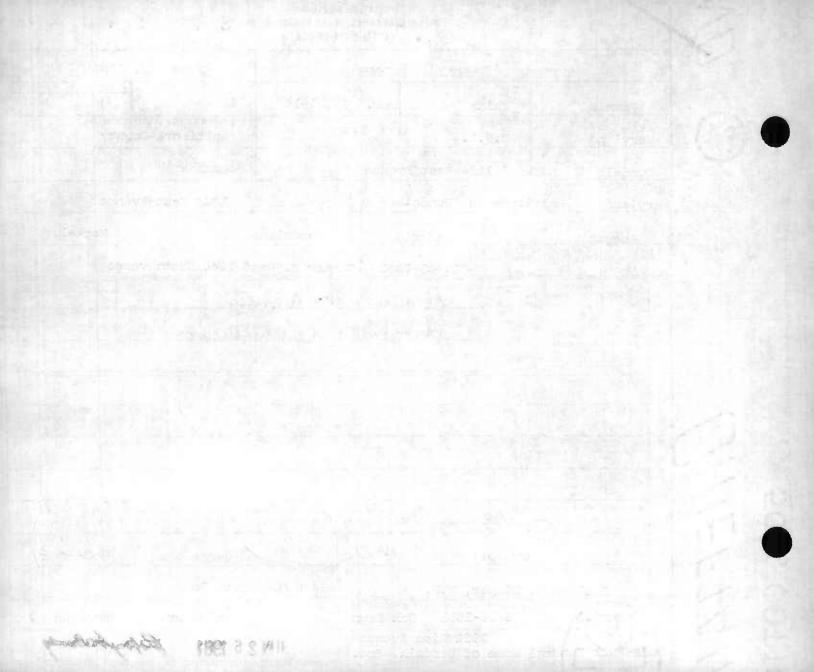
Maryland

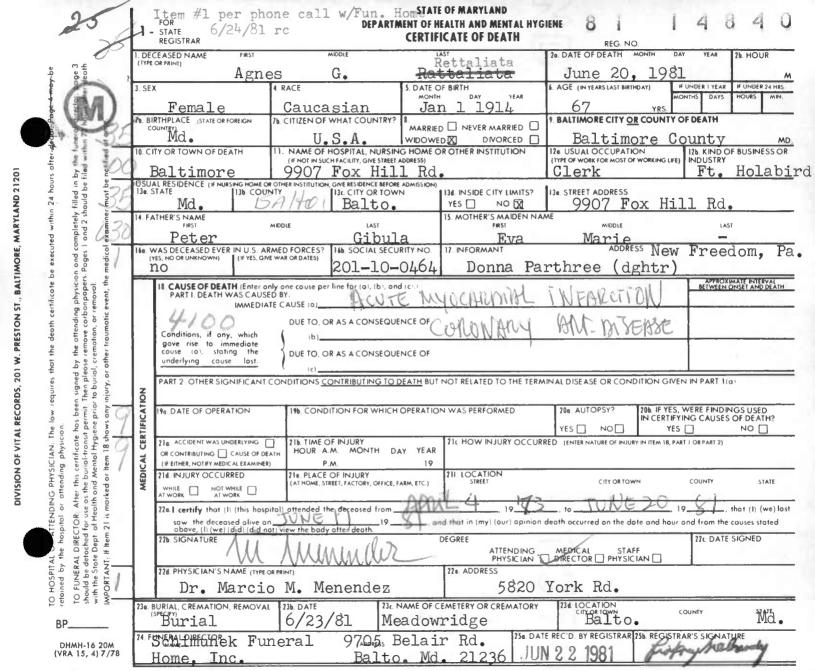
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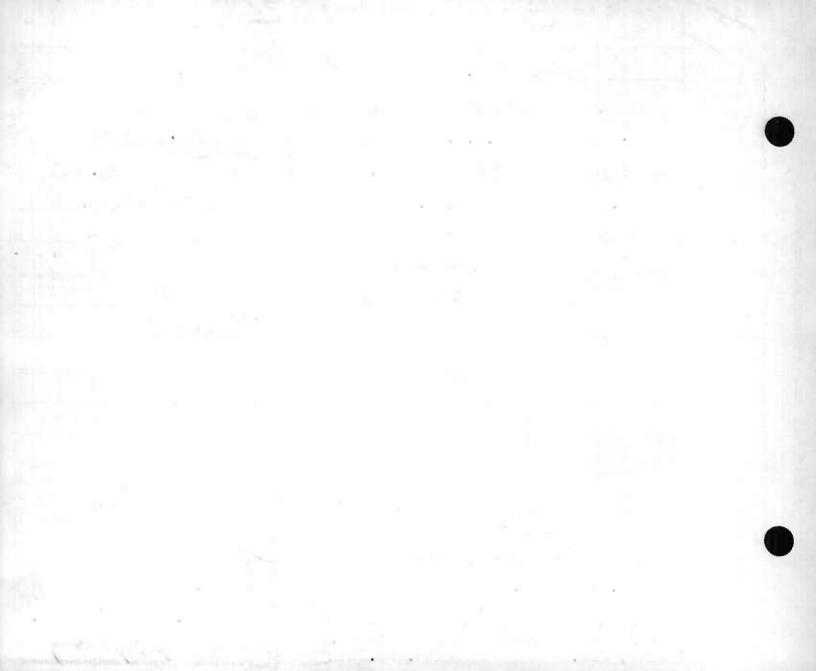
24 FUNERAL DIRECTOR

BP.

7922 Wise Avenue Duda-Ruck Funeral Home of Dundalk, Inc. 250. DATE REC'D. BY REGISTRAR 256







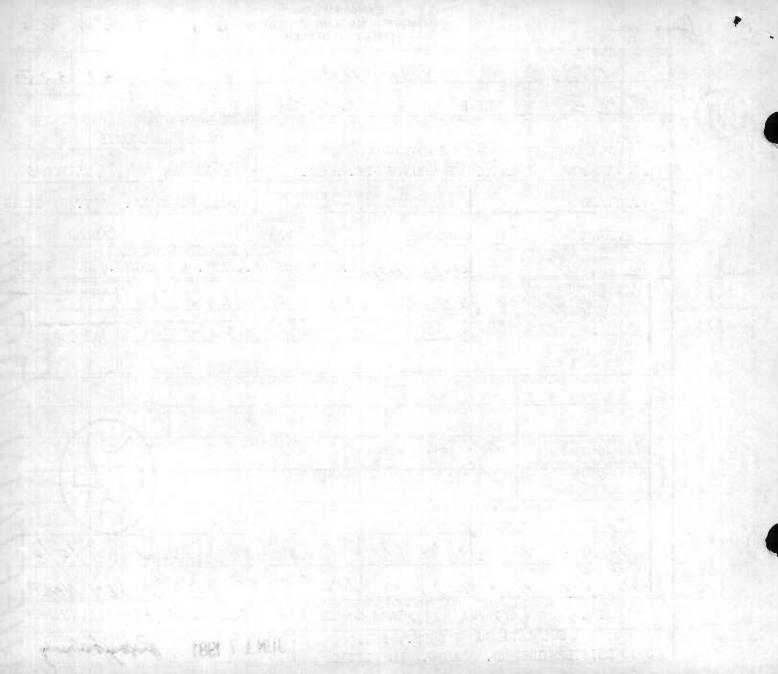
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

(VRA 15, 4) 1/79

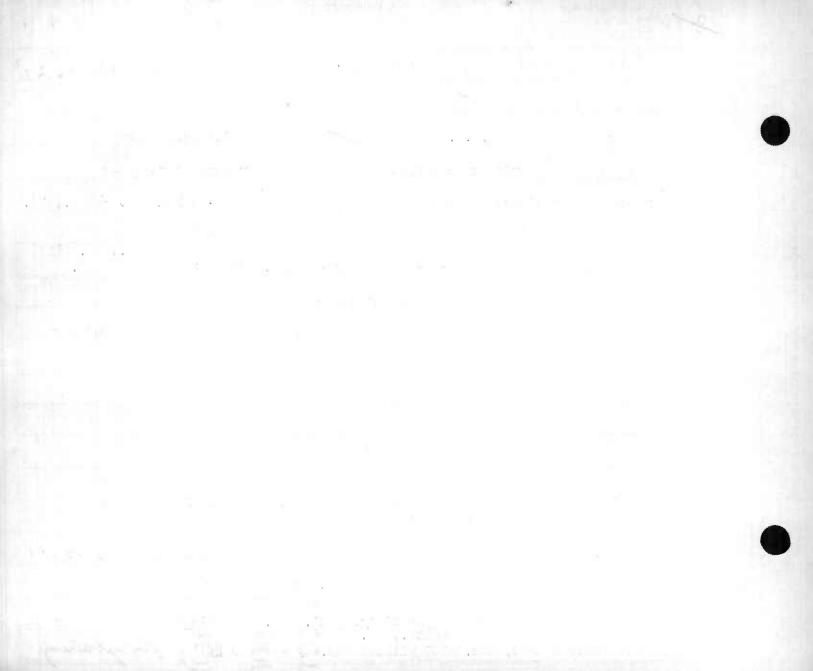
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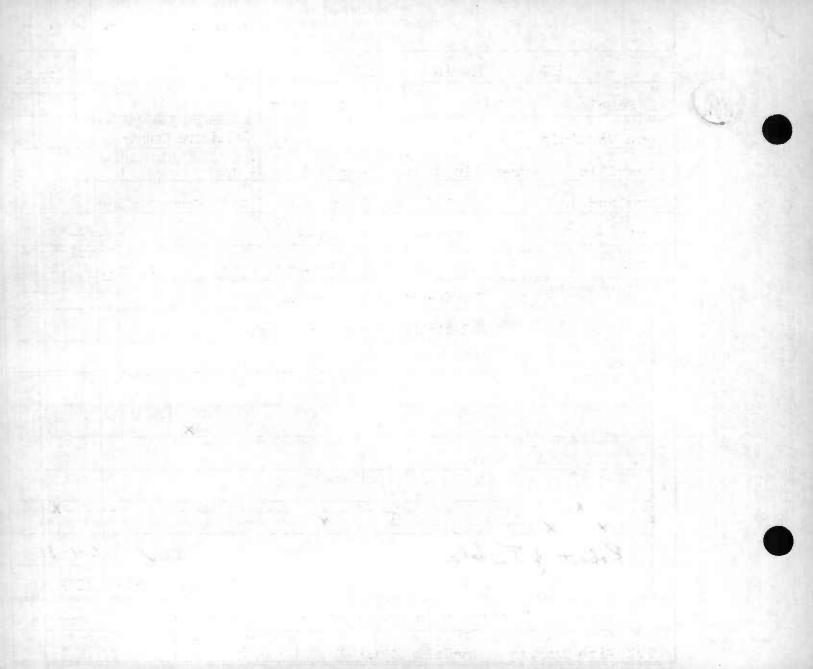
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3 10	1		DIVISION OF VITAL RECORD			MORE MARYLAND 21201	4 8 4 2
. ~	1 1	ECEASED-NAME First	Middle		ATE OF DEATH	O DATE OF DEATH	
death death		Type or print)	IROTHY Middle A	GNES	A GANES	20. DATE OF DEATH  JUNE DOY	Yeor 2b. HOUR
funeral funeral	3. 5	***********	4. RACE	神事夫	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
hours affer to by the fu		FEMALE	CAUCASIAN		5,22,38		MONTHS DAYS HOURS MIN
A hour to beer.	Zo. cou	BIRTHPLACE (Stote or foreign htry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	THEATY WAYKIED	BALTIMORE	E Ca Md
within within within	10.	OUNDALK	11. NAME OF HOSPITAL OR give street oddress)	INSTITUTION (If no	t in hospitol 120. USUA during mo	OCCUPATION (Kind of work done st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
requires that the death certificate be executed within g physician.  In signed by the ottending physician and completely fills be burial-transit permit. Then please remove carbon be burial, cremation, or removal, and many event, within	odn	USUAL RESIDENCE (Where deceosed ission) STATE	d lived, if institution: Residence before 13b. COUNTY	re 13c. CITY OR	TOWN 13d. INSIDE CITY LIN	ITS? 13e. STREET AND NUMBER	POINT RD
exe emo emo gny	14.	ATHER'S NAME First	Middle Last	15.	MOTHER'S MAIDEN NAME FI		Lost
a 5 5 5 5	P	THOMAS	CAR	TER	DOR	OTHY	CHAMBERS
equires that the death certificate be executs physician. signed by the ottending physician and computational transit permit. Then please remove burial, cremation, or removal, and in any execution, or removal, and in any execution.	160	es no, or unknown) (If yes give war	D FORCES? or dates of service) 16b. SOCIAL SECURI 218-38-		FORMANT OHN RIZER	Address SAME	
cer The The		1B. CAUSE OF DEATH (Enter only	one couse per line far (a), (b), and BY:	(c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
eoth andir nit. or re		PART 1. DEATH WAS CAUSED IMMEDIAT	BY: LIVER	FAH	LURE		2 WKS
ne deoth ce ottending p permit. The		1416	DUE TO, OR AS A CONSEQUENCE				
of the the sit mati		Conditions, if any, which gove ) rise to immediate couse (o),	(b) METAS	TATIC	CARCINON	I A	6MONTHS
res tho sician. ed by al-tror al, cre.		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE (c) CARCINO		LUAMOUS) L	EFT TONSIL	IYR.
phy phy sign buri		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(0)	
k re ling een the r to	NO		NONE		Description		
IAN: The low retal or attending ficote has been stor use as the file of the other file of the other file of the fi	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS		20o. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS COI CAUSES OF DEATH?	NSIDERED IN CERTIFYING
IAN: 1 al or ficote for us Heolt		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HO		noture of injury in Port 1 or Port 2, Ite	em 18.)
Pital Pital	MEDICAL	OR CONTRIBUTING CAUSE OF OFATH (If either, notify medical examine	r) HOUR A.M. Month Doy Ye	or 19			
G PHYSICIA the hospita tr this certific detached for	WE	21d. INJURY OCCURRED 21e. P While Not while at work of work	LACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LO	CATION Street or R.F.D. No.	City or Town	Caunty State
DING by th After the be de		22a, I certify that (I) 4this	hospital) attended the dece	ased fram_5	- 16 , 19 5	CO, to 6 - 14 , 19_	SI, that (I) (we) last
TEND ined I ould b		saw the deceased ali	ve on 5 - 30 (I) ( <del>we</del> ) (did) ( <del>did not</del> ) view th	_19. <b>\$</b> 2, and	that in (my) (our) opin	ian death accurred an the date	e and haur and fram the
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, and the prior to burial, and the state Dept.		22b. SIGNATURE	b. Herold m	DEGRE	ATTENDING ME	D. STAFF 22c, DA	ATE SIGNED /8/
TO HOSPITAL Page 4 may b TO FUNERAL director, page should be file		22d. PHYSICIAN'S NAME (Type)	G. HEROLD,	MP,	22e. ADDRESS	MADISONST	
HOS Be 4 Be 4 Beto oulc	230	BURIAL, CREMATION, 23b. DA	ATE 23c. NAME	OF CEMETERY OR (	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
O Page		REMOVALTEACTIFY) 6/1	7/81 REST	LAWN M	EMORIAL GAR.	LaVALE ALLI	(County) (Stote)
VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR	MAIN ST. FRWIN	Tririle	THE 250 PUN	REGISTRAR 25b. REGISTRAR'S S	IGNATURE Creeds

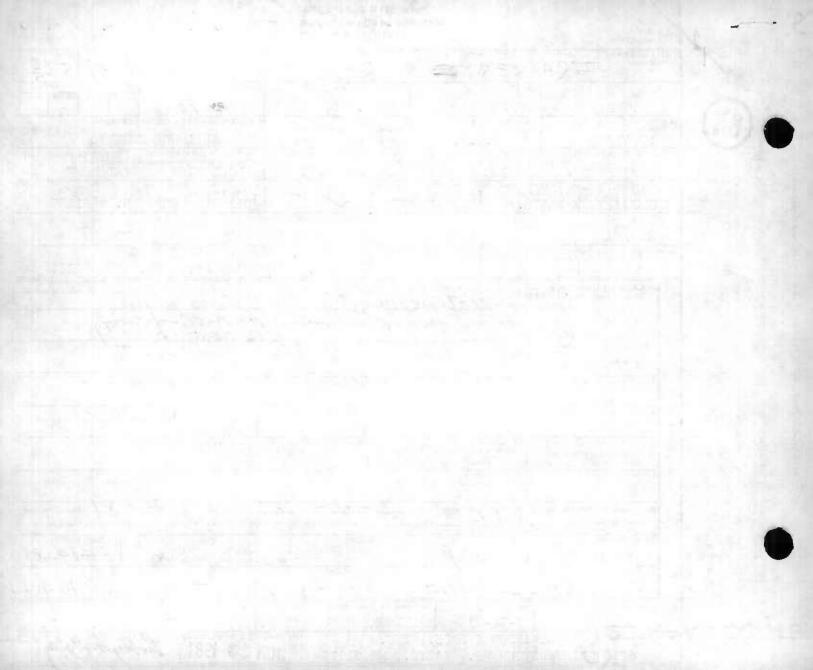
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cror pag	3 SEX			4 RACE	nite	5 DATE C	F BIRTH	1893	6. AGE 1 IN YEARS LAST BE	RTHOAY)	F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
s funeral director po inthin 72 hours ofter a ed at ance.		7e. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland		1		MARRIE	MARRIED NEVER MARRIED NOT		Baltimore City	OR COUNTY		MD
d in by the fur be filed within	0	TY OR TOWN OF DEA	тн	11. NAME OF I	HOSPITAL, NURSIN	IG HOME C		NOITUTI	12a. USUAL OCCUPA 1TYPE OF WORK FOR MOST Grocery S	TION of working Li	12h. KIND C	OF BUSINESS OR
fille ould		atonsville u residence (if Nors TATE ryland		other institution. ITY imore	GIVE RESIDENCE BEFORE 131 CITY OR TOWN WOOdlaws		134 INSIDE CI	ITY LIMITS?	13e STREET ADDRESS 7 D East	Bend		21207 to., Md.
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aphysician and conpapers. Pages I emovol		vas deceased ever es, no or unknownj NO		MED FORCES? WAR OR DATES)	216-32-		Geral		Read 1924			
signed by the attendin hen please remave carl o burial, cremation, or jury, ar ather traumati	NO	Conditions, if ony, gave rise to imm couse 101, static underlying couse	nediate g the lost	DUE TO, OI	R AS A CONSEQUE	NCE OF	/7SCI		INAL DISEASE OR COL	NDITION GIV		(o)
thas been it permit T liene prior I	CERTIFICATION	19a DATE OF OPERA	NOI	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTII	S, WERE FINDI FYING CAUSES ES []	INGS USED S OF DEATH?
certificate prial-trans tental Hyg them 18 sh	WEDICAL CE	21a ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR			ED (ENTER NATURE OF IN)	URY IN ITEM 18, F	PART 1 OR PART 2]	
of the bust	WED	214 INJURY OCCURI	RED HILE	21e PLACE (AT HOME, STR	OF IN JURY REET, FACTORY, OFFICE, F		211 LOCATIO STREET	)N	CITY OR TO	)WN	COUNTY	STATE
CTOR. A d for use 1. of Heal n 21 is m		220 I certify that (II) saw the decease obave, (I) (we) (s	d alive an	6-	-12 19			19 (our) apinion a	death occurred an the	date and has	ur and fram the	
RAL DIRE		22b. SIGNATURE	), 🥏	ælen	isser.			TTENDING PHYSICIAN		AFF ICIAN 🗹		12-81
should be de with the Stot		224. PHYSICIAN'S NA	AME ITYPE OF	R PRINT]				ngGrove	Hospital			
- " > 3	1	urial, cremation, spec#y) Buria		236. DATE 6/17/8	31 B	altime	ore Nat	1. Cem.			COUNTY	Maryland
HMH-16 20M RA 15, 4) 7/78		INERAL DIRECTOR BOARD BO	eral H	Home, In			1. 2122 ns Ave.	JUI	REC'D. BY REGISTRA N 1 5 1981		TRAR'S SIGNA	







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Mp TV I II II I SELECT SELECT in Carlos and the Contraction of the manager of the latest and the contract of the facility of the contract of Administration and restrict the employed the company of the factors and the fa Land of the state IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examines must be notified an

	1 -	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8   REG. NO.	4 8	4 9
		CEASED NAME FIRS		MIDDLE		LAST	To. DAIL OF BEATT	DAY YEAR	2h HOUR
			Emma	Κ.	RO	TH	June 2, 1981		7:55P <sub>M</sub>
3	. SEX	Female	4 RACE Whi	te	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 91 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	C	RTHPLACE (STATE OR FOREIGH OUNTRY) Maryland		OF WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED	Baltimore County Baltimore Cour		MD
1	Ro	SSVILLE	Frankl	such facility, give street in Square	APPRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT Housewife		F BUSINESS OR
1	30. S Ma:	ryland Ba	ME OR OTHER INSTITUTE COUNTY altimore	13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO 🔼	13e STREET ADDRESS 432 Maryland A	ve. 212	21
à	I. FA	ther's name first Unl	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE Unknown	LAS	r
10		AS DECEASED EVER IN U.: ES, NO OR UNKNOWN) (IF YI	S. ARMED FORCES ES. GIVE WAR OR DATES	? 166 SOCIAL SECT		Doris Koros	1560 Williams Balttimore, M	Ave. d. 2122	1
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause los	h (b), e DUE TO.	or as a consequ	- 37				
	NO.	Diabetes me	ellitus;	congestive	e hear	rt failure; ch	nnal disease or condition given the contraction of	e pulmo	onary
	CERTIFICATION	190 DATE OF OPERATION		A	OPERATIO	N WAS PERFORMED	YES NOXX YE	s 🗆	NO [
	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	DE DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LATHOME	CE OF INJURY STREET, FACTORY, OFFICE, I	FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220 I certify that W (this saw the deceased alivabove, 24 (we) (did) (di			<del>81</del> . °	DEGREE	L, to June 2, death accurred on the date and hou	1981_, r and from the	
-		22d. PHYSICIAN'S NAME (	A T	work,	MU	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	6/	2/81
			Friedrich	MD		1000 1000 1500 1500	lin Square Dr.,	21237	
23		JRIAL, CREMATION, REMO	VAL 234 DATE			m Cemetery	23d LOCATION CITY OR TOWN Baltimore Cou	nty, Ma	ryland

Old

Eastern

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

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by the attending physician and campletely filled in by the funeral se remove carbanpapers. Pages 1 and 2 shauld be filed within 72

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1		-	STATE
			DECICTO

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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I	200	U	~	4

ı	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.		
	1. DECEASED NAME FIRST (TYPE OR PRINT)  JOHN	CHAR		RUP	P	June 12,		YEAR	26 HOUR
	3. SEX MALE	4 RACE WHIT	E	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF C	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
2	BIRTHPLACE (STATE OR FOREIGN COUNTRY) BALTO., MD.	76 CITIZEN OF WH		8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF		MD
9	DUNDALK	(IF NOT 13412	LIBERT	Y PAR	drother institution RKWAY	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O SANITATION	F WORKING LIFE)	INDUSTRY	GOV'T.
9		NTY 13	CITY OR TOWN		YES NO X	13e STREET ADDRESS 3412 LIBER	TY PAR	KWAY	21222
0	14 FATHER'S NAME FRANK	MIDDLE	RUPP		15. MOTHER'S MAIDEN NA/ MOLLIE	WIDDLE		KIEHL	
	160 WAS DECEASED EVER IN U.S. AF (YES. NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	17.07.7		MICHAEL C. R	UPP 2901 LI		PKWY.	DUNDALK
	Canditians, if any, which gove rise ta immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR A	S A CONSEQUENTS A CONSEQUENTS	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN		mos_
	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING				N WAS PERFORMED	20a AUTÓPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	NGS USED
7	OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DAY	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	I OR PART 2)	
	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220 1 certify that (1) (this hasp		FACTORY, OFFICE FAI	RM, ETC.)	211 LOCATION STREET	CITY OR TO	WN 1	COUNTY	STATE
	sow the deceased alive or above. It was (did ) and as 22b. SIC to 1 RE	Palle	2 10 8	,	od that in (my) (aur) apinian of DECREE  ATTENDING PHYSICIAN PARTS ADDRESS	MEDICAL STAF	F		SIGNED
-	THEODORE C. P.			AME OF C	3427 DUNDALK		DALK, MI	D. 21	1222

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval IMPORTANT: # Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic

DHMH - 16 50M 1/81 (VRA 15, 4)

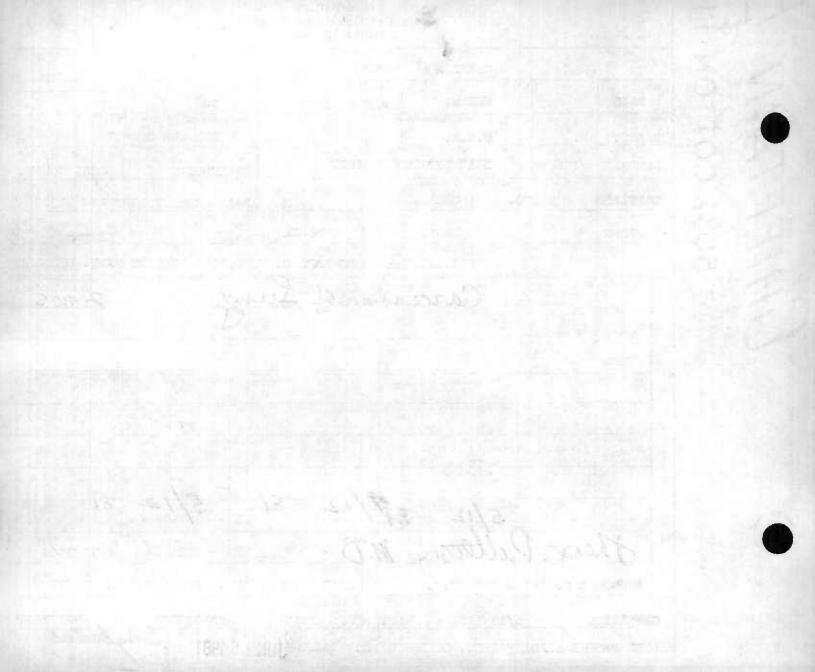
6/13/1981 CREMATION

GREEN MOUNT CREMATORY

BALTIMORE

MARYLAND

24 FUNERAL DIRECTOR
WALTER BROOKS BRADLEY INC., DUNDALK, MD.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 28 DATE OF DEATH MONTH 2b. HOUR June 4, 1981 . AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Balto. County 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Supervisor Md. 13. STREET ADDRESS Balto. 1524 Ingleside Ave. Kuepke 524 Ingleside Ave. Balto. Md. Mr. Stanley H. Sanders APPROXIMATE INTERVAL

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE

> 22s. DATE SIGNED DIRECTOR PHYSICIAN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR

G. Truman Schwab 5151 Balto. National

**DHMH-16 25M** (VRA 15, 4) 1/79

- STATE

REGISTRAR

Herry L. Landers June 4,1981 1910 - Nite New 24, 1897 84

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Md. Delto. Getonoville x 1524 Ingleside Ave.

Hersen Eanders Elizabeth Ruence

1524 Ingleside Ave.Belto. 44.

Take ( more signe)

AD SHEETEN CA

See John Joseph

Burisl .une 5,1981 lorreine Perk Cem. codlawn. Sd.

and completely filled in by the fu

corbon popers. Pages 1 and 2 should be filed with

injury, or other troumotic event, the

STATE OF MARYLAND

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1	1955.05			STAT	E OF MARYLAN	D	272		
ł	- STATE				EALTH AND ME		IENE B	485	2
L	REGISTRAR			CEKITI	ICATE OF DE	AIH	REG. NO.		
	DECEASED NAME	FIRST	MIDDLE		LAST		20. DATE OF DEATH MONTH	DAY YEAR 26 HC	
k		HOWARD	M.	S	ANFORD		06	20 81 62	PM
3	SEX	4. RACE			OF BIRTH	1414	6 AGE (IN YEARS LAST BIRTHDAY)		ER 24 HRS
	MALE	WHI	TE	08	26	15	65 YRS	MONTHS DAYS HOURS	MAN.
7 a	BIRTHPLACE (STATE OR FOR	EIGN 76. CITIZEN OF	WHAT COUNTRY? 8			20.50	9 BALTIMORE CITY OR COUNT	Y OF DEATH	-
	VIRGINIA	U.S	S.A.	WIDOW	D X NEVER MA	RCED T	BALTIMORE COU	NTY ·	MD
10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME C			120 USUAL OCCUPATION	126 KIND OF BUSIN	
(	CATONSVILLE		HILLTOP		IIF		AUTO MECHANIC	SERVICE	
U	SUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD		Estable				TON
	MARYLAND	BALTIMORE	CATONSVI	ישדו	YES N	LIMITS?	5929 HILLTOP A	VENUE 2120	
	FATHER'S NAME		CATONSVI		15 MOTHER'S M			VENUE, ZIZO	)/
	GROVER	CLEVELAND	SANFORI	,	FIR:		WIDDIE	LAST	
16	WAS DECEASED EVER IN		16b SOCIAL SECURI		17 INFORMANT	RIE	ADDRESS	GORDON	
	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	231-10-29				CANEODD FOOD IIT	TIMOD ATTENT	TO
_					VIRGIN	LA L.	SANFORD 5929 HI		
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	7700		R AS A CONSEQUEN	CE OF		7	LINE DISCASE	10	
	Conditions, if ony, w		CHIENIC	0	155 TRUC	TUE "	LUNG DISEASE	10 47	5
	couse (a), stating		RAS A CONSEQUEN	CEOF	- 4				
	onderlying cause	( (c)	EMPHY	)E/	77.				
2							INAL DISEASE OR CONDITION GI		WED.
CEPTIEICATION	HEALES	fultion	.0(		420315;	01	DIAC DYSRYTHM		
A CIE	190. DATE OF OPERATIO	DN 196. COND	ITION FOR WHICH O	PERATIO	N WAS PERFORM	ED		S, WERE FINDINGS US IFYING CAUSES OF DEA	
PT								ES NO	
				YEAR	21t. HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2)	
V	(IF EITHER NOTIFY MEDICAL	EXAMINER) P.	M.	19					
MEDICAL	214 INJURY OCCURRED	LAT HOME STE	OF INJURY	W ETC )	211. LOCATION		CITY OR TOWN	COUNTY	STATE
4	AT WORK NOT WHILE								
		nis hospital) ottended th			,	19		. 19, thot_(l)	(we) lost
	sow the deceased obove, (I) (we (du	alive on (did not) view the body	ofter death.	. 01	nd that in (my) (au	ir) opinion o	death occurred on the date and ha	ur and from the causes s	stated
	22b. SIGNATUR	1. V	Pr		DEGREE			22c. DATE SIGNED	
	Conce	oce kum	an they	na	-178135 ATTI	SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/23/	87
	226. PHYSICIAN'S NAM	E (TYPE OR PRINT)		44,5	22e ADDRESS			- 14 -	
	A. K. CHOP	RA. M.D.			ST A	INFS H	OSPITAL, 900 S.	CATOM ATTEN	ידוד
23	BURIAL, CREMATION, RE		23c. NA	ME OF C	EMETERY OR CRE	MATORY	23d LOCATION	CATON AVEN	300
	BURIAL	06-24	-81	WOOI	DLAWN CEN	METERY	WOODLAWN BAL	TIMORE MAR	STATE
24	FUNERAL DIRECTOR	, 00 24	31		1229	25a DATE		TRANS SAMPLES	W
T	HUBBARD FUNER	AI. HOME IN	C /107 WI			1111	2 3 1981	gayrasa	
1	TOTAL TOTAL	THE CHILD IN	O. ATO, MI	ادرابا	AD WAT	LUUI	4 0 1001		

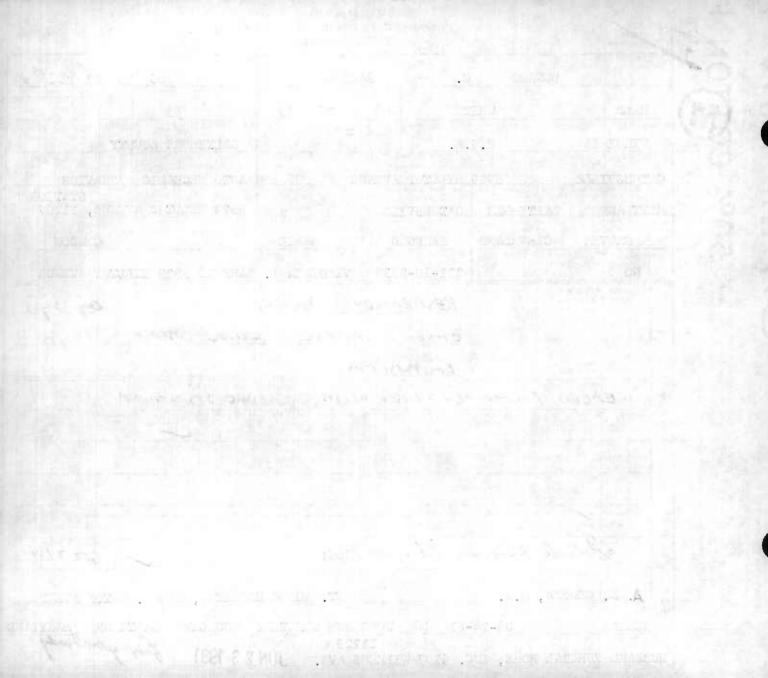
DHMH - 16 50M 1/81 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

should be detached for use as the buriol-transit permit. Then please remove corbon page with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony



(VRA 15, 4)

LIGHT S PAIR L LEGISLAND COLL STREET THE RESERVOIS TO A STREET OF THE PROPERTY OF T The state of the s and the late to the first the same process, then, where the same CALL AND PROBLEM TO SERVE (Application appropriate the control of the control of Service of the grant line and the service of the se SWE HOUSE, and the colorest Perdan Control Land Line Control Language Control Control . Clares a cingley becomedian, inc. - office a season.

that the death certificate be

4 moy be

1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 REG, NO.	8 5 4
	DECEASED NAME FIRST PE OR PRINT) V1	ctoria Sa	auter	June 13, 1981	YEAR 2b. HOUR
3 5		RACE White	S. DATE OF BIRTH  OCT 8, 1878	6. AGE (INYEARS LAST BIRTHDAY)  102  YRS.	DER I YEAR IF UNDER 24 HRS
	BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County Baltimore County	E Y
		NAME OF HOSPITAL, NURSING	ON OTHER INSTITUTION		b. KIND OF BUSINESS OR IDUSTRY
130	UAL RESIDENCE (IF NURSING HOMEOROTH BATTI	ner institution, give residence before 134 CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13.2312 Ridge Roa	d 21207
	FATHER'S NAME ate David Kall	DLE LAST	15. MOTHER'S MAIDEN NA 18 te E	lizabe the Long	LAST
160	WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE WA		3925 Mrs Harr	y Edwards 2219 R	idge Rd
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEI	nduce ford	inax '	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION		DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE		200 AUTOPSY? 20b. IF YES, WE	RE FINDINGS USED G CAUSES OF DEATH?
MEDICAL CERT	OR CONTRIBUTION TO CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.		RRED (ENTER NATURE OF INJURY IN ITEM 18, PART )	OR PART 2)
1 (1	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION STREET	CITY OR TOWN C	OUNTY STATE

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after deat with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the medical examiner must be natified at once TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. BP DHMH - 16 25M

(VR A 15 (4) ) 9/74

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

224. PHYSICIAN'S NAME (1849 OH PRINT)

77% SIGNATURE

23b. DATE June 16'81

23c. NAME OF CEMETERY OR CREMATORY Lorraine Park

DEGREE

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION
CITY OR TOWN
WOOdlawn Balto. Md. STAI

The DATE SIGNE

21137

BY REGISTRAR 256. RESTRAR'S SIGNA Harry H Witzke 4112 Columbia RD Ellicot 25a. DATE REC'D. 1981

APPENDING TO THE WEST AND THE PERSON

Func 13, 1904	2,020,02		
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es barry barras no. 3 page end	1 170 1	F 025 F-14	

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10		STATE OF MARYLAND	
D.C.	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8 5 5
	1.05	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	T. DE		DAY YEAR 26. HOUR
PLEASE ECTOR. FILES. OURS		MARJORIE Rae Schmidt DEATH MATED 16/	6 19 81 10 mm
PLE OF -	3. SE	5. DATE OF BIRTH MONTH, DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED  6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	OAY YEAR 2d. HOUR
19050	1	DEAD G	6 198/ 163 M
SEE SEES	7a. B	BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OF DEATH
MACES /	1	Dreselen New York St USA WIDOWED DIVORCED BUILTO Co	MD.
오늘 유럽 그 🗸	10. CI	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACHULY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK 12)  FOR MOST OF WORKING LIFE)	D. KIND OF BUSINESS OR INDUSTRY
DELAY II 3 TO THI N PAGE 105, 301	0	Bookkeeper Se	ars, Roebuc
	13a. S	JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136. 136. STREET ADDRESS  136. STREET ADDRESS  136. STREET ADDRESS	
		1 12 13allo Overler YES NO 603 DAR Aven	ue 21206
O I . N S OO	14. F/	FATHER'S NAME FIRST MIDDLE AND THER'S MAIDEN NAME FIRST MIDDLE	LAST
		Charance gilles genera B	arrett
MORE. TER DE PAGE FORM ON OF	16a. V	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  17. INFORMANT ADDRESS	
BALTIMORE, URS AFTER DE B. GIVE PAGE WITH FORM WITH GORN DIVISION OF		No   122-14-7800   Robert E. Schmidt 603 Da.	le Avenue
200		18 CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., VITHIN 24 HOL CIL IN ITEM 18 NER ALONG: NET RERMITE PERMIT AL HYGIENE; I		PARTIDEATH WAS CAUSED BY: He pale tailere:	Houle.
		DUE TO, OR AS A EDINSEQUENCE OF	THE THE REAL PROPERTY.
		Conditions, if any, which gove rise to immediate	
AAMI FIRE		cause (o) stoting the <u>under</u> .  DUE TO, OR AS A CONSEQUENCE OF lying couse last.	
5 5 2 2 2 0		(c) > ) Wan dism	
L RECORDS, 30 ULD BE EXECU "PENDING" IN EF MEDICAL EF EF ABOICAL HEALTH AND CREMATION, O		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CORI NDIN MEDIN AS A ALTH	0		
AL CREATER	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
VITAL VITAL VITOF	H		YES NOTE
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE ITING THE WORD "PENDING" ROED TO THE CHIEF MEDICA E 3 SHOULD BE USED AS A B E DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION			)
SION OF RTIFICATE IG THE W TO THE SHOULD PARTMEN OR TO BU	CAI	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
INIS CER 3 S DED PEP	MEDICAL	21d. INJURY OCCURRED  21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION  STREET CITY OR TOWN COUNT	Y STATE
DIVI DIVI THIS CE WARTIN WARGE 3 TAGE 2	~	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNT  AT WORK	JIAIL
2 S. S. S. C.		220. I certify that I taak charge of the remains described obave, held an Autopsy . Inspection . Inquiry . ond in my opini	0.0
EXAMINER CERTIFICATION BE FOUNDING BE FOUNDING WITH THE ARYLAND, 2		deoth resulted from: Harval causes . Accident . Suicide . Hamicide . Undetermined monner .	
KAAA ERTI IRE WITH RYL,		TITLE (SPECIFY)	
MAN WAN		SIGNATURE M.D. DILL MEDICAL EXAMINER SIGNED	6-16-81
DIC.			
MEDICAL EXAMINER ECUTE THE CERTIFICA GGE 4 SHOULD BE FO FUNERAL DIRECTOR TER DEATH, WITH THE ALTMORE, MARYLAND,	100	(TYPE OR PRINT) & OHIN C. Hyle ADDRESS 7527 Belle Ra Bulto.	21236 Rel
TO ME EXECU PAGE TO AFTER BALTIM	23a.BI	BURIAL CREMATION REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY (SPECIFY)	STATE
BP		Burial 6/19/81 Gardens of Faith Overlea Baltim	ore Md.
DHMH - 17		FUNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
(VR A15 ME (5)) 15M 7/77	La	assahn Funeral Home 7401 Belair Road   JUN 1 9 1981	

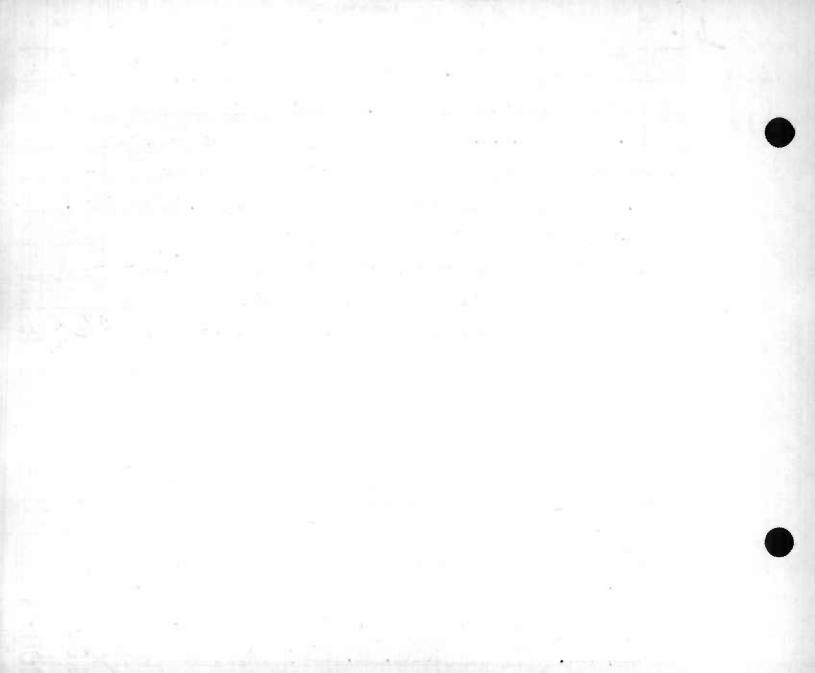
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	FOR STATE REGISTRA	#18a-22a :	Film G55	DEPAR	/81 ISTA TMENT OF LEXAMIN	HEALTI		NTALH	U	н	REG. NO	1 4	8	5	1	
	PECEASED N	-	HONY	ONY Michael SCHRENKER					20	DATE K OF DEATH	NOWN ESTI-			YEAR 19 81	26. HOUI	
	male	4 RACE white		OG 5	6 AGE (IN YILL LAST BIRTHE	PARS IF UI		HOURS	MIN. PR	ONOUN		MONTH 6	10	YEAR 19 81	12:2 a A	
5 N	BIRTHPLACE FOREIGN COUN LATY 1	and	USA	OF WHAT COI			WED [	NEVER MARRI	ED D	Bal†	ore city imore	Cou	unty		WD	
7	Ross	ville	Frank	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Franklin Square Hospital  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)						John Apple Co						
130. N	STATE Iary 1	and Bal		13c. CI	TY OR TOWN		13d INSIDE CITY	NO K	13. STREE 8526	Vol	s Llmer	rt A	ven	ue 2	1236	
0	FATHER'S N FIRST Geo		A A A A A A A A A A A A A A A A A A A	Sel	chrenker SOCIAL SECURITY NO.		15 MOTHER'S MAIDEN NAME Pauline 17 INFORMANT			M ADDRESS			Eurice			
100	NO NO	OF DEATH (Enter	IVE WAR OR DATES)	21	6-66-6		Joan		ıyba	2	+303			lion		
WEDICAL CERTIFICATION, OR REMOVAL.	gove cous lying	ditions, if ony, which rise to immedia e (o) stoting the <u>under</u> couse lost.	ch ote (b). DUE To	O, OR AS A Co	ONSEQUENCE  ONSEQUENCE  ELATED TO THE TER	OF	SE OR CONDITION	GIVEN IN PAR	RT 1 to							
TIFICATI	19a DATI	OF OPERATION	19b. C	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20. AUTOPSY?  YES NO		
MEDICAL CERTIFICATION	210. EXTE UNDERLY CONTRIE	RNAL CAUSE WAS ING OR BUTING CAUSE C	HOU F DEATH	ME OF INJURY R.A.M. MONT P.M.	TH DAY YEA	R	IOW INJURY (	OCCURRE	D (ENTERNAT	URE OF INJU	IRY IN ITEM 18	PART 1 OR P	ART 2)			
MED	21d. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  21I DOCATION  STREET CITY OR TOWN									C	OUNTY		STATE			
	ACTUAL SIGNATI	M.D. ASSISTANT MEDICAL EXAMINER SIGNED 0-10-81												31		
230	(TYPE OR	R'S NÂME V PRINT) MATION, REMOVAI		Dixon,	M.D.	METERY (	_ADDRESS		Penn 23d LOC							
24	Buri FUNERAL D	al IRECTOR	6/13/	81	St. Jo	seph	n's Ce		Fir17	erte	on REA	Bal ISTRAP	tim or a	ore,	Md.	
1	Lassa	hn Funer	ral Hom	ie 740	1 Bela	ir I	Road	JUN 1	. २ ।५६	1	1	1		7	;	

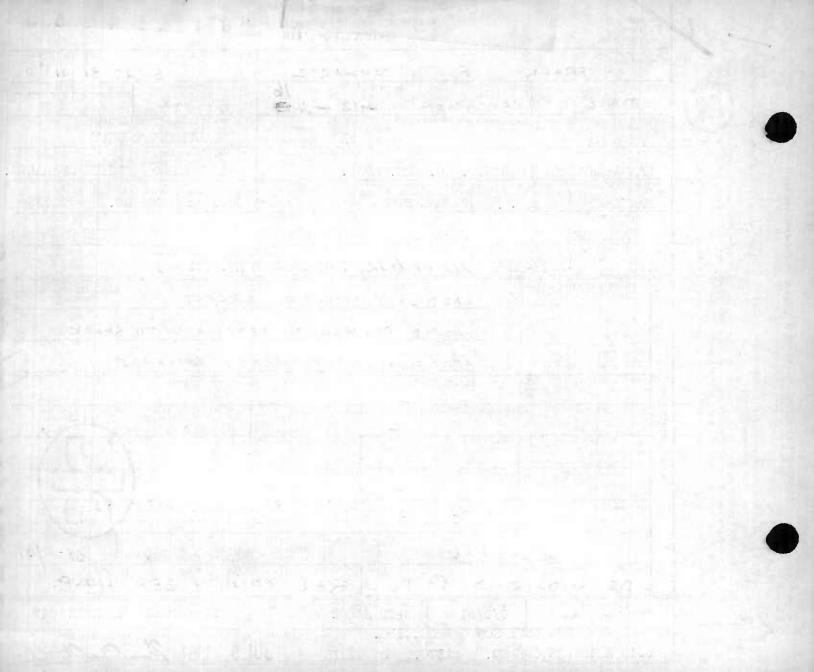
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DHMH - 16 50M 1/81 (VRA 15, 4)

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٦-	STATE REGISTRAR			UEPA		EALTH AND MENTAL HYC			7 0	0 0
DEC	EASED NAME	FIRST		MIDDLE		AST	REG. N	O. MONTH DAY	YEAR	In victio
	OR PRINT)	2000		F.		•	20. DATE OF DEATH			26 HOUR
LSEX	No.	ZANK	RACE	F.		WARTZ	4.405	6 29		111 7
	MALE			ACION	5. DATE C	1/2 0+31-10	6. AGE (IN YEARS LAST BII		UNDER I YEAR	HOURS M
7a. BIR	OUNTRY	FOREIGN 7	. CITIZEN OF	WHAT COUNTI	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
	IARYLAND		U	SA	WIDOWE		BALTIM	ORE COL	JNTY	
	ANDALLSTO		(IF NOT IN SU	HOSPITAL, NUR CH FACILITY, GIVE STI	RSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF INSPECT	OF WORKING LIFET	12b. KIND ( INDUSTRY CITY	OF BUSINESS
USUA	L RESIDENCE (IF NURS	ING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	01.		OR	OIII	OI DAL
	IARYLAND	BALT		RANDAL		13d. INSIDE CITY LIMITS? YES X NO [	13e. STREET ADDRESS 3901 McDC	NOGH RE	).	#21133
4 FA1	THER'S NAME FIRST	M	DDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LA	ST
	ABRAHAM			SCHWAR		REBECCA			FINE	
	AS DECEASED EVER	I (IF YES GIVE	WAR OR DATES)	16h SOCIAL SE			HAEL SCHWAF			
Y	ES	WWII-	ARMY	213-07	7-1432	7041 CONCOR	D RD. (2120	(8)		
	PART 2 OTHER SIGN	NIFICANT CO	(c) ONDITIONS <u>C</u>	ONTRIBUTING 1	10 DEATH BUT	EROTIC HE NOT RELATED TO THE TERM N WAS PERFORMED		DITION GIVEN	VERE FINDI	
	71g. ACCIDENT WAS UNI	NEGIVINIC D	DIL TIME C	NE INTILITY		131 11014 111111111111111111111111111111	YES NO	YES [	_	NO D
_	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEATH		M. MONTH M.	DAY YEAR	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
¥	WHILE NOT WE AT WORK	IILE []		REET FACTORY, OFFI	-	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ſ	220.1 certify that (1)	(this hospita	l) ottended th	e deceased from	81	6-29-1981	, 10	6-29-19		that (I) (we)
L	obove, (I) (we) (c	did) (did not)	view the body	ofter death.		d that in (my) (our) opinion	aeoth occurred on the d	ote and hour or		
	22b. SIGNATURE	1	200	wis		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (A)	22c. DATE	S/29/8
	DR &			. PA	TEL	37. ADDRESS	OUNTY (	OEN.	HOS	P.
	JRIAL, CREMATION, PECIFY) BURIA	removal L	23b. DATE 7/1/	81	BETH J	METERY OR CREMATORY ACOB	23d. LOCATION	BURG C	ARROI	LL MD
4 FUI	NERAL DIRECTOR	SOL LE	VINSON		.,INC.	25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAF	R'S SIGNAT	TURE
6	010 REIST	ERSTOW	N RD.	BALTO		21215 J	UL 8 1981	There	0.	11.00
_					V 7 A AA		UUU I	10000	-	C STOP CONTRACT



STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.00	CEACED MAN								G. NO.		
	ECEASED NAME	FIRST		WIOOFE		AST		20 DATE OF DEA	тн момтн	OAY YEAR	26 HOUR
		Thelma	_	Grace	SCOT			June 7			7:28P A
3. SE	X		4. RACE		5. DATE (		YEAR	& AGE (IN YEARS L	AST BIRTHOAY)	MONTHS DAYS	
	Female		Whi	te	06	17	1930	50	YRS		, and a second
	COUNTRY)	OR FOREIGN	7b. CITIZEN O	F WHAT COUNT	RY? 8	NEVER	MARRIED -	9 BALTIMORE C	ITY OR COUNT	Y OF DEATH	
	aryland		USA		WIDOWE		ONORCED	Baltim	ore Cou	nty	M
0 0	ITY OR TOWN OF	DEATH		F HOSPITAL, NUI		R OTHER IN	STITUTION	12a USUAL OCCI	JPATION	12b. KIND	OF BUSINESS OR
3	Rossvil:	Le		klin Sc		Hospi	tal	Housew			nemakin
15U 3a	IAL RESIDENCE (IF	IJB COUN	OTHER INSTITUTIO	130 CITY OR T	FORE AOMISSION)						
	aryland		imore	Middle			CITY LIMITS?	37 Sho	n Cour	+ 21	220
	ATHER'S NAME			•			'S MAIDEN NA	ME			
	John	٨	AIDDLE	Shipl	637		Claudia	MIO	OLE		ni th
	WAS DECEASED EN					17. INFORM			DDRESS	311	11 (11
	YES, NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES	215-28	3-9213	Art	hur M.	Scott	37 Sh	on Cou	+
-		ATH (Fatanani				AI U.	Tur II.	50000	)   311		XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSE	BY:	Cardiop		V				BFTWEEN	ONSET AND DEATH
	1100	IMMEDIAL	E CAUSE (0)_			J					
	14010		DUE TO,	OR ASIA CONSE	QUENCE.OE .		11.	7 0.			
	Conditions, if	nv. which	6 165	Arterio	scierot	ic car	dlovasc	ular Dise	ease		
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	22d. PHYSICIAN'S	NAME (TYPE OR	(TIMIT)			22e. ADDRE	SS				
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22-				T.	2 111115 25 2					21237	
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_	Burial		6/1	1/81	Ho11y	Hill					more, Mo
24 F	UNERAL DIRECTOR						25a. DATE	REC'D. BY REGIS	TRAR 25b. REGIS	TRAR'S SIGNA	TURE TURE

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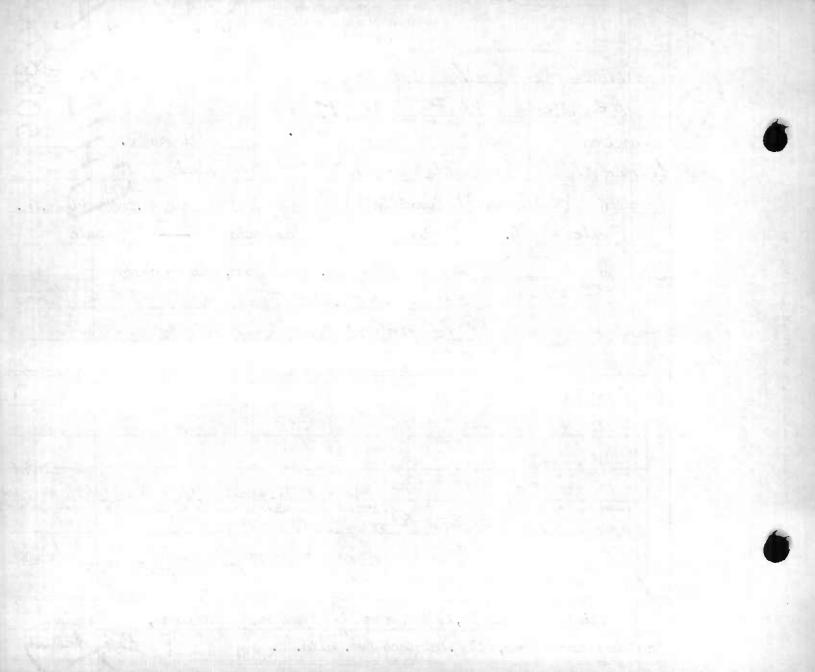
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Lassahn Funeral Home

7401 Belair Road JUN

Middle River, Baltimore, Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN IX 2b. HOUR (TYPE OR PRINT) ESTI-**GEORGE** SHANK DEATH MATED 6 29 8 19 . RACE SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) MONTHS PRONOUNCED 4:20 19 81 Dec. 10, 1952 28 29 DEAD male white 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED PAEVER MARRIED Mary land USA WIDOWED [ DIVORCED Baltimore County ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Weathoustrouse (IF NOT IN-SUCH FACILITY, GIVE STREET ADDRESS) Electronic Tech. White Marsh 2116 RETAIN PA 40 at Jones Rd. UNUAL RESIDENCE (IF IN NUE IIII WE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13e STREET ADDRESS. OLO Trimble Rd. Marvland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Oretta Sigmon Charles 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212 62 6034 Patricia Shank, Wife Same 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO [ OR: PAGE 3 SHOULD BE HE STATE DEPARTMENT 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR Operator of motorcycle/truck collision. 3:15 xxx 6-29-19 81 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK AT WORK 40 at Jones Rd Balto. Md. TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STY, BALLIMORE, MARRÍPAND, 2 228 I certify that I taak charge of the remains described above, held an Autapsy Inspection Accident X death resulted fram: Suicide Hamicide Undetermined manner Natural couses TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 6-29-8 SIGNATURE SIGNED. EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn St. TYPE OR PRINT 23a, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 7/2/ Holly Hill Memorial Gardens Baltimore 14. FUNETOL DIRECTOR 250. DATE REC'D, BY REGISTRAR **DHMH-17** Old Eastern AtalUN uzdzinski (VR A15 ME (5)) 15M 2/80

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5 Y	li	FOR XC 18 104 25 - STATE REGISTRAR	DEPA	RTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 1 REG. NO.	4 8 6 5
		ECEASED NAME FIRST PE OR PRINT)	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4 65 7		ROBERT	EDWARD		RIDAN	JUNE 28, 1981	7:20 P
1	3 S		RACE WHTTE	5. DATE (	JARY 29, 1928	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
*( NA)	1	MALE BIRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNT		JARI 29, 1928	53 YRS.  9 BALTIMORE CITY OR COUNT	V OF DEATH
= 1000	-	COUNTRY)		MARRIE	D NEVER MARRIED	The second second second	
de the ge		EW HAMPSHIRE  CITY OR TOWN OF DEATH 1	U.S.A.  NAME OF HOSPITAL, NUR	RSING HOME		BALTIMORE COU	126. KIND OF BUSINESS C
4. 11 1	3 10	ORT HOWARD	(IF NOT IN SUCH FACILITY, GIVE ST			(TYPE OF WORK FOR MOST OF WORKING L	
1 4		JAL RESIDENCE (IF NURSING HOME OF O STATE 130 COUNT				MARS DIRECTOR	IST ARMY ARE
2 H B		ARYLAND	BALTTI		13d. INSIDE CITY LIMITS? YES X NO	3913 PASCAT, STR	कानगा
12		ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	
1 1 3 90		James	Sheri	.dan	Idolyn	WIDDIE	Murphy
d co		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDRESS	
12 10		ES KOREA		4812	CLINICAL REC	CORDS. VAMC. FOR	r HOWARD, MD
ow requires that the death been signed by the attend mit. Then please remove co prior to burial, cremation, a ony injury, or other traumat	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO		VASCUL TO DEATH BUT			VEN IN PART I (a)  S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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hysicio ficote l fronsit Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
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trendii trendii the bu	MED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC }	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
7 5 9 10 - 3	1	AT WORK AT WORK		DECRM	BER 30 10 80	to JUNE 28	1081 the Ath (1) X
spitel or of the spitel or of the or of Health		220.1 certify that (I) (this haspital sow the deceased alive an above, (I) (we) (did) (did not)	JUNE 28 view the body ofter death.	JIII		death occurred on the date and ho	ur and from the couses stated
At OR , the ho At DIRE Jetachec ore Dept		22b. SIGNATURE	leidly		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	JUNE 28, 19
HOSPIT, ined by ined by old be do he the Sto ORTAN		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e. ADDRESS		
		RUBEN RETDER	I.D.			T CENTER FORT	HOWARD, MD 210
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236, BAJE /81	Glen H	emetery or crematory aven Mem. Pk	• Glen Burnie	AMMe Arunde
HMH-16 30M 2/80 (VRA 15, 4)		FUNERAL DIRECTOR MC Cu 200 Pennington	Lly Funeral Ave. Batt	Home o.,Md.	of Curt BEDAT	E REC'D. BY REGISTRAR 256, REOLE	TRAR'S SIGNATURE

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l	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B   4	8 6 6
	ECEASED NAME FIRS	1 WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR
		ranklin William	SHIPLEY, Sr.	June 9, 1981	9:19 PM
3. 5	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UN	IDER I YEAR IF UNDER 24 HRS
	ale	White	09 23 1921	59 YRS	
10	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF	DEATH
	aryland	USA	WIDOWED DIVORCED	Baltimore County	/ MD
	Rossville	(# NOT IN SUCH FACILITY, GIVE STREET  Franklin Squa		(TYPE OF WORK FOR MOST OF WORKING LIFE)	b. KIND OF BUSINESS OR NOUSTRY  Construct
405	JAL RESIDENCE (IF NURSING HO STATE 136 C	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
	ATHER'S NAME	altimore Perry I	Hall YES NO X		ue 21128
	Milton	Ship			Smith
160	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) Yes 19	5. ARMED FORCES? 1166 SOCIAL SECU ES. GIVE WAR OR DATES) 145-47 218-14-2		ADDRESS hipley 8714 Ger	st Avenue
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RTIFIC				YES NO YES YES	CAUSES OF DEATH?
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MED	WHILE NOT WHILE AT WORK	21. PLACE O. INJURY (A. HOME, STREE, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 certify that () (this )	ndspiral) attended the deseased from _ elon_June_9	DEGREE ATTENDING	death occurred on the date and hour and	22c. DATE SIGNED
	226 PHYSICIAN'S NAME (1		220 ADDRESS 9000 Fran	□ director □ physician 🕅 □ [ iklin Square Dr., 2]	6/9/81
L	BURIAL, CREMATION, REMO  SPECIFY    Burial		lair Mem Garde		ford Md.
	Lassahn Fund	eral Home 7501	Belair Road	E REC'D. BY REGISTRAR 256 REGISTRAR S	SSIGNATURE

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	1-	FOR STATE REGISTRAR		DEPARTMENT OF I	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE 8	) 4 o.	व ह	6 8
		CEASED NAME	PROTHY	111000	AST HUPE	20 DATE OF DEATH	6 5	1 8 1	1:50A <sub>M</sub>
	3 SEX	FEMA LE	4 RACE WH ITE	5. DATE (		6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
5	4 (	RTHPLACE (STATE OR FOR COUNTRY) MARYLAND	76. CITIZEN OF U.S.A	WHAT COUNTRY? B MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF		MD.
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5	M	ARYLAND	G HOME OR OTHER INSTITUTION A.A.	13(. CITY OR TOWN BROOKLYN	13d. INSIDE CITY LIMITS? YES NO 🔀	138. STREET ADDRESS 921 HAMMO	NDS LAN	E, 21	225
0		GEORGE	$\Gamma^{ullet}$	DUKE	15. MOTHER'S MAIDEN NA FIRST THELMA	A E.		TUR	NER
2		VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 219-10-2231	CHARLES C.	SHUPE, SR. 9			LANE  MATE INTERVAL  DISSET AND DEATH
	TION	Conditions, if any, gove rise to imme couse (a), stating underlying couse	which diote the put to colors.	CARC INOMA OF	URINARY B	LADDER	4303		
9	CERTIFICATION	19a. DATE OF OPERATION		DITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES	G CAUSES	OF DEATH?
7	MEDICAL CEI	sow the deceased	USE OF DEATH LEXAMINER)  D 210. PLACE (AT HOME. ST	.M. MONTH DAY YEAR M. 19 OF INJURY REEL, FACTORY, OFFICE, FARM, ETC.)  5 deceosed from 6 -1	DEGREE  ATTENDING	city or to	. 19_ ote and hour an	COUNTY	
		FRANKL		ISON,M.D.	22e. ADDRESS	N. CHARLE	The H		/ 0 /
	(	BURIAL, CREMATION, RI (SPECIFY) BURIAL UNERAL DIRECTOR	23b. DATE 06-08	3-81 GLEN HA	21229	23d LOCATION CITY OR TOWN GLEN BURN TE REC'D. BY REGISTRAR	E A.A	MA	RYLAND
	ни	BBARD FUNER	AL HOME. TN	IC - 4107 WILKER	IS AVE.   111	N 8 _ 1981	proper	4/100	rung

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4 6 1		JL/	Male	White	July 15, 1886	94 YRS.	MONTHS DAYS HOURS MIT
oth. Pag	3		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8.  MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
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complittely	20		THER'S NAME FIRST August H.	Siegmund	IS. MOTHER'S MAIDEN FIRST E112	zabeth Guerke	LAST
on and co	medical		No	213	LSECURITY NO. 17, INFORMANT -09-7359 Carroll  (b), and (c), NGESTIVE HEART FA	A. Siegmund Co	03 Cranbroo
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uires that the igned by the en please remote burial, cremo	ury, ar ather tr	z	gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT		OP AUST IN - MOORE  G TO DEATH BUT NOT RELATED TO THE T	PROSTHESIS LEF	
n. n. nos been signed permit. Then pled ne prior ta buria	ws any injury, ar	RTIFICATION	cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  6/12/81	(c) POST CONDITIONS CONTRIBUTION 19b. CONDITION FOR V Left subce	OP AUSTIN-MOORE  GTO DEATH BUT NOT RELATED TO THE T  WHICH OPERATION WAS PERFORMED  apilal fracture (fe	PROSTHESIS LEF  ERMINAL DISEASE OR CONDITION GIV  200 AUTOPSY?  200 IF YE IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
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DR ATTENDING PHYSICIAN: The law requires the haspital ar attending physician.  IRECTOR: After this certificate has been signed the for use as the burial-transit permit. Then plested for use as the burial-transit permit. Then plested of Health and Martial Hygiene prior to burian.	If them 21 is marked of frem 18 shows any injury, or	MEDICAL	COUSE (0), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  6/12/81  21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE ( IF EITHER NOT HY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   NOT WHILE   AT WORK   NOT WHILE   AT WORK   AT WORK    22a. I certify thot (1) (this hosp sow the deceased alive o obove, (1) (we) (did) (did in 72b. SIGNATURE)	CONDITIONS CONTRIBUTION  19b. CONDITION FOR V  Left subce  21b. TIME OF INJURY HOUR A.M. MONT P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, Nursing only view the body after death.  ONDERINT)  Z. M.D.	OP AUSTIN-MOORE  IG TO DEATH BUT NOT RELATED TO THE T  WHICH OPERATION WAS PERFORMED  APPLIA TO THE TOTAL	PROSTHESIS LEF  ERMINAL DISEASE OR CONDITION GIV  200 AUTOPSY?  IN CERTIF YER  CURRED (ENTER NATURE OF INJURY IN ITEM 18  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF N DIRECTOR PHYSICIAN A  CHARLES St. 21204	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)  COUNTY STATE  19 81, that (1) (we) ur and from the causes stated

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FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL	HYGIEN	REG. N	0.	4 0	
1. DECEASED NAME	FIRST	MIDDLE	L	AST	2a.	DATE OF DEATH		DAY YEAR	2b. HOUR
(THE OKPRINT)	BARBARA	MARY	SLI	FKER	1	June 22,	1981		2:10a
3 SEX	4. RACE		5. DATE C		6. 4	AGE (IN YEARS LAST BIR		IF UNDER I YEAR	
F	N	1	MONTH	3- 23 YEAR		58	YRS	MONTHS DAYS	HOURS MI
a BIRTHPLACE (STATE O	R FOREIGN 76. CITIZEN	OF WHAT COUNT	RY? 8		9. E	BALTIMORE CITY C			
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	CAUSE OF DEATH HOUR	E OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
OR CONTRIBUTING [ ]  (IF EITHER NOTIFY MET  21d. IN JURY OCCUI  WHILE NOT V  AT WORK AT WORK	VHILE (AT HOME	CE OF INJURY STREET, FACTORY, OFFI	ICE, FARM, ETC }	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
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30 BURIAL, CREMATION			12. NAME OF C				וווע	/E 2123/	
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BURIAL DIRECTOR	_	~ 01 .	ントトトロリ			BALTIMO!		MD.	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely should be detached for use as the buriol-transit permit. Then please remove carbon paper. Frages, and 2 should be detached for use as the buriol Hygiene prior to buriol, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other troumatic event, the

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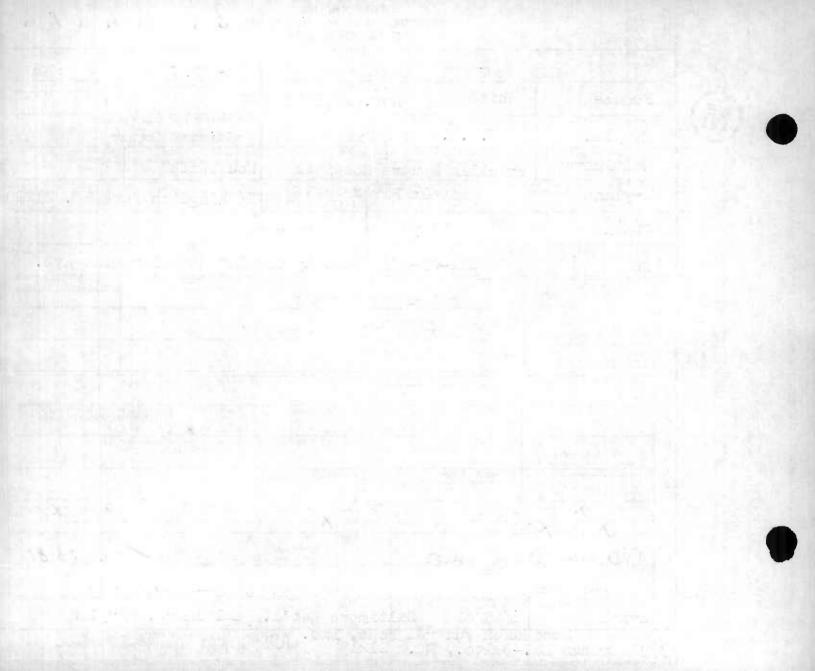
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2g. DATE OF DEATH MONTH 1981 6. AGE (IN YEARS LAST BIRTHDAY) **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore county 126, KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Duncan Road Davis same as above APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 165 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED June 15, 1981 DIRECTOR PHYSICIAN 23d. LOCATION COUNTY STATE CITY OR TOWN Monkton Methodist Burial Monkton Baltinone 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Gladden Kurtz Jarrettsville. Md.

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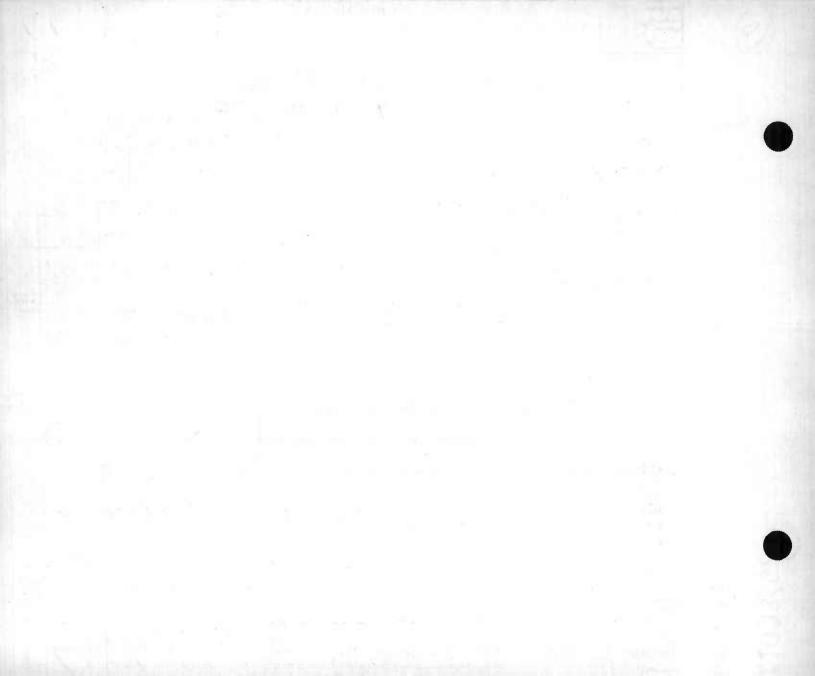


G557 7/13/8 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME P HOUF KNOWN (TYPE OR PRINT) Mary Elizabeth SMITH DEATH MATED 4 RACE 3. SEX 5 DATE OF BIRTH AGE (IN YEARS IF LINDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCE Female. White Jan. 30. 1891 900 DEAD 76. CITIZEN OF WHAT COUNTRY? A RIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland Baltimore County, U.S.A. DIVORCED IN CITY OR TOWN OF DEATH 12d. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lutherville Stella Maris Hospice Homemaker Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Lutherviide NO [ Potspring Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Virginia Windsor Clarence Marv Biser 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16b. SOCIAL SECURITY NO 8415 Bellona Lane. LYES. NO. OR LINKNOWN 214-34-7624 Leon W. Biser. none Ruxton Towers, Ant. 905 18 CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c). Towson, Md. 21204 CINSET AND DEATH ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate Correct cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION 190 DATE OF OPERATION 20. AUTOPSY? 21201 PRIOR TO BURIAL, YES [ CATE, WRITING THE WORI FORWARDED TO THE CH OR: PAGE 3 SHOULD BE U HE STATE DEPARTMENT O 21a. EXTERNAL CAUSE WAS UNDERTINE CTO CONTRIBUTING CAUSE OF DEATH NOT WHILE AT WORK AT WORK AGE 4 SHOULD BE FORW D FUNERAL DIRECTOR: P FTER DEATH, WITH THE ST ALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held and in my apinian Socide Homicide Undetermined manner Natural causes Corkec bellemEDICAL EXAMINER EXAMINER'S NAME Dr. Charles F. O'Donnell AFTER I 7501 York Rd., Baltimore, Md. NA O 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY Frederick, Frederick, Md. Burial Jun 24. 1981 Mt. Olivet Cemetery BP Smith, Fadeley, Keeney Basford Funeral Home 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** 106 East Church St., Frederick, Md. 21701 (VR A15 ME (5)) 15M 2/80

Items 10c.21a & 22a

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Ruck Towson Funeral Home, Inc. Towson, Maryland

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DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Huntingtown Methodist

1050 York Road

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26. HOUR

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Huntingtown,

250 DATE REC'D. BY REGISTRAR 256. RECISTRAR'S SIGNATURE

22c DATE SIGNED

6/4/81

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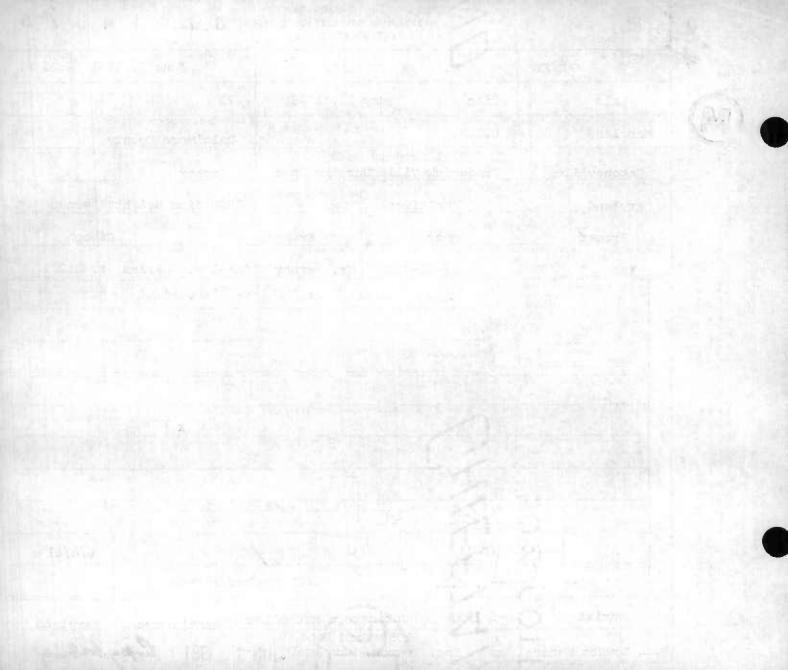
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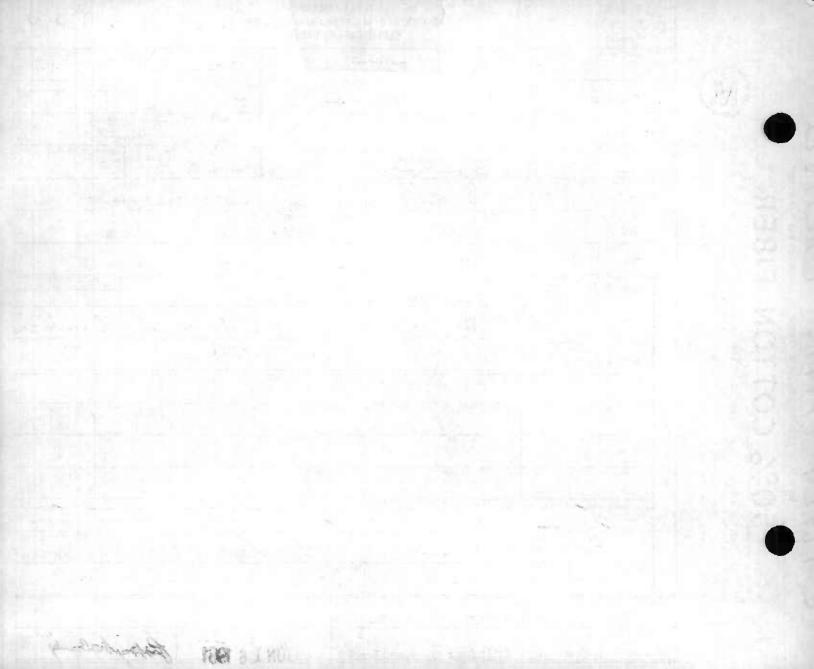


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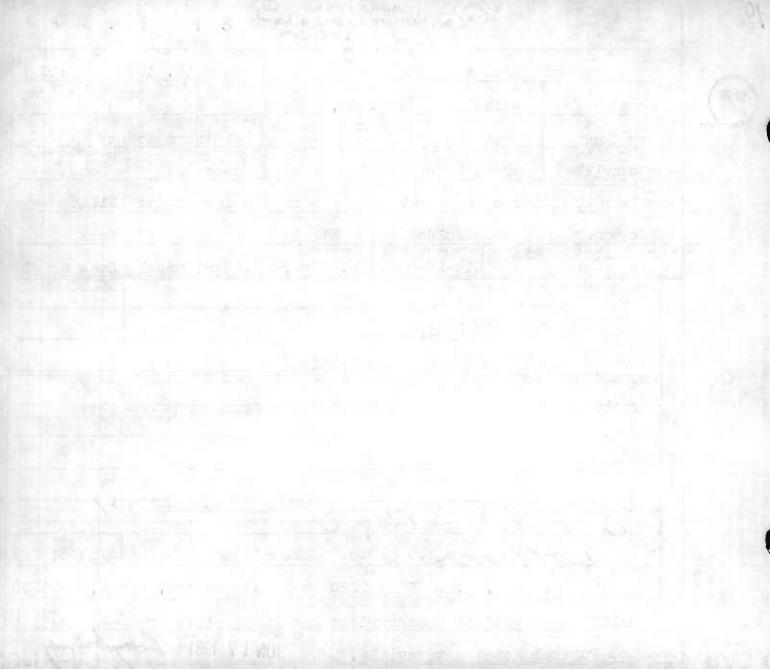
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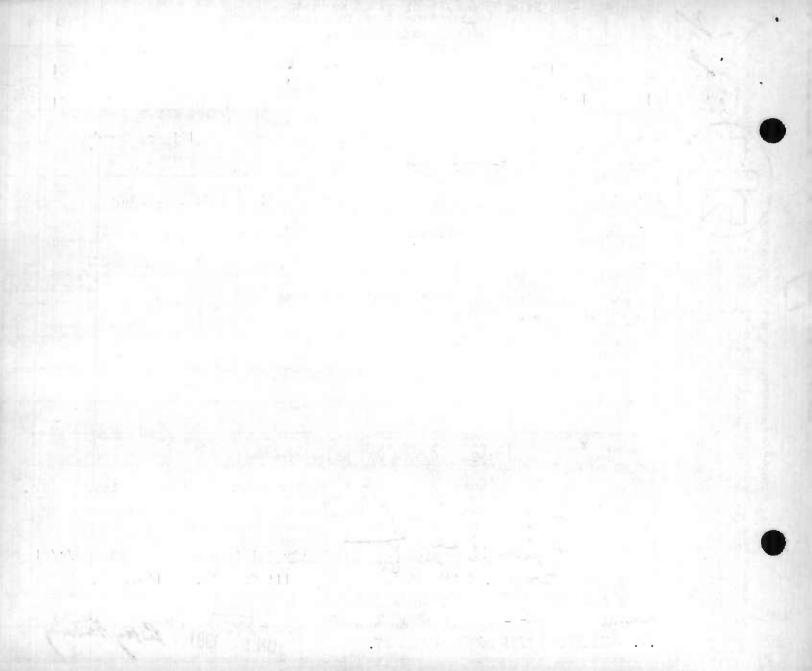


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Turran Funeral Home, 308 High St. Cambridge

(VR A 15 (4))

STATE OF MARYLAND

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S S		Dr. Robe	ALTER STORE	Welling.	r, M.D		714 \	ork F	Road, Balto., 1	VId.	

DHMH · 16 50M 1/81 (VRA 15, 4)

4905 York Road

Cremation

230. BURIAL, CREMATION, REMOVAL 6-27-81 23¢ NAME OF CEMETERY OR CREMATORY Security Process

23d LOCATION
Catonsville

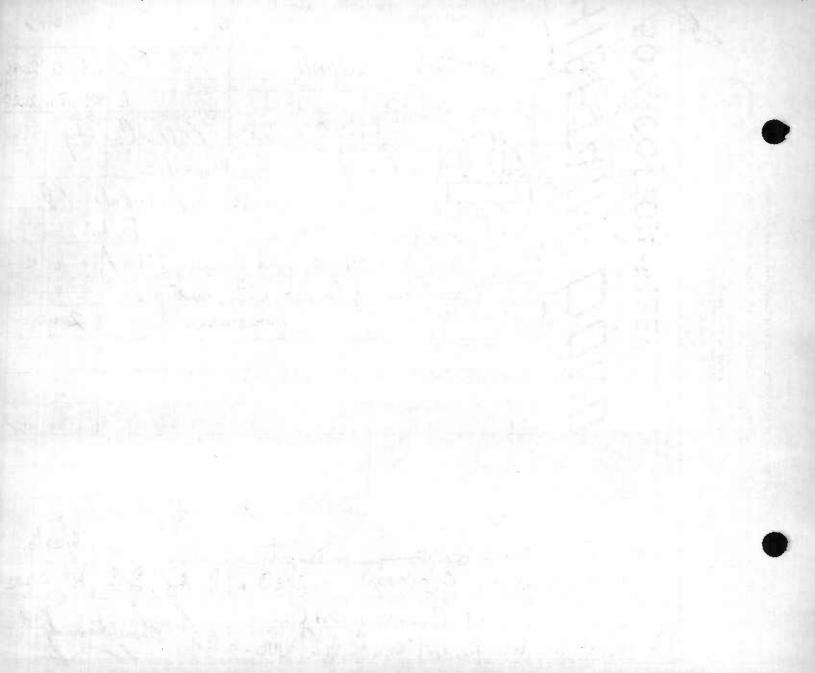
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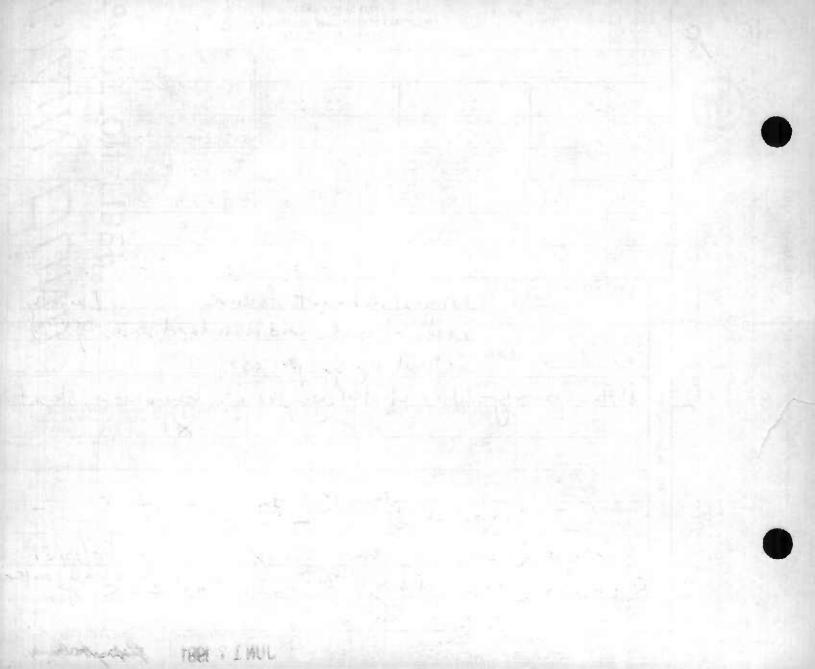
24 FUNERAL DIRECTOR Henry W. Jenkins & Balto., Madess Sons Co. 21212 2 9 1981

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Constitute 6-27-31 Security Process Communitie Office. And. Henry W. Jonains M. Son Co.

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L RECORDS, 2011 ULD BE EXECUTED "PENDING" IN PR FP MEDICAL EXAN ED AS A BURIAL- HEATTH AND MEI AL, CREMATION, C		PART 2 OTHER SIGNIFICANT CONDITIONS C	( c) BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION GIVEN IN PAI	RT 1 (a)	
FUTAL RE SHOULD WORD "PEI CHIEF AND BE USED FOR SHOULD SHO	TIFIC/	19a DATE OF OPERATION		OPERATION WAS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL S CERTIFICATE SHOUJ RITING THE WORD " ROED TO THE CHIEF AS 3 SHOULD BE USE EDERARTMENT OF H OI PRIOR TO BURIAL	3	ZIO EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF DI  LIA INJURY OCCURRED	EATH P.M.	YEAR	D LENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
DIVISIO E. WRITING WARDED TO PAGE 3 SH STATE DEPAI	MEC	WHILE DOT WHILE DAT WORK	21e PLACE OF INJURY (AT HI STREET, FACTORY, FARM, ETC.)	OME, 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: TH EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATOR FORWATER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21:			of the remains described above, held couses	d an Autapsy , Inspection Suicide , Hamicide	n . Inquiry . and Undetermined manner .	in my apinian
HCAL EXAMPLE ETHE CERTIFIC SHOULD BE ERALL MITH 1		ACTUAL J. C.A.	Han O Longua	M.D. Defin	MEDICAL EXAMINER	DATE SIGNED 429/81
TO MEDIC. EXECUTE TO AGE SHOWN AFTER DEATH DEATH AFTER DEATH DEATH AFTER DEATH AFTER DEATH AFTER DEATH AFTER DEATH DEATH AFTER DEATH AFTER DEATH AFTER DEATH AFTER DEATH AFTER DEATH DEATH	23a.BU	EXAMINER'S NAME CONTROL TYPE OR PRINT) CONTROL 23		DF CEMETERY OF CREMATORY	march Ave, &	Sello , Md . 21222
BP	24/FV	Suria   P	7-2-8 (Cruw)	e sal ///	REC'D. BY REGISTRAR 25h BEGS	my franchista.
(VR A15 ME (5))	1 / 1	anlor C. Doug	glass tunerals	40,00 Avandale JUL	1 - 1901	1-1





TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the f should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other traumatic event, the medical

IMPORTANT: If them 21 is marked or them 18 shows any

moy be

	STA	TE	OF N	ARYI	AND	
PEPARTMENT	OF	HE	ALTH	AND	MENTAL	HYGI

IENE 8 CERTIFICATE OF DEATH

DECEASED NAME   MARY   MARGARET   SYLVIA   120 CATE OF BRITH   110 Omage   120 CATE OF BRITH   120 CATE	1	FOR - STATE REGISTRAR			DEPART		IEALTH AND MENTAL HY	GIENE 8	40.	Ö	9 0
Pemale										YEAR	
Baltimore, Md.  USA  WIDOWED  DNORED						MONT	H DAY YEAR		MONIF		
ROSSVIILE 21237 Frankling S. Hospital Interpretation was precion and of working used in the politic of working used in the p	Ba	country)	Md.	USA		MARRIE	DIVORCED			DEATH	MD.
The part of the	F	Rossville	21237	Frank	lin Sq.	dospit	cal	LITYPE OF WORK FOR MOST		zb. KIND O NDUSTRY PINTI	ng Co.
Theresa Mueller Last  Address  Same  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 216 14 3269 Robert M. Sylvia, Husband Same  18. CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Renal Failure  DUE TO, OR AS A CONSEQUENCE OF (c) Metastatic Carcinoma from Colon  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  189 DATE OF OPERATION  189 CONTRIBUTING CAUSE OF DEATH?  189 CAUSE OF DEATH?  189 ENGROWERING CAUSE OF DEATH?  180 CONTRIBUTING CAUSE OF DEATH?  180 ENGROWERING CAUSE OF DEATH?  181 INJURY OCCURRED  181 INJURY OCCURRED  181 INJURY OCCURRED  182 ACCORDITIONS UNDERTRING CAUSES OF DEATH?  180 ENGROWERING CAUSE OF DEATH?  180 ENGROWERING CAUSE OF DEATH?  180 ENGROWERING CAUSE OF DEATH?  181 INJURY OCCURRED  181 INJURY OCCURRED  182 ENDIFY MEDICAL EXAMINES  184 INJURY OCCURRED  185 INDUSTRIBUTING CAUSES OF DEATH?  185 INDUSTRIBUTING CAUSES OF DEATH?  185 INDUSTRIBUTING CAUSES OF DEATH?  186 ENCROPPING CONTRIBUTING CAUSE OF DEATH?  186 ENCROPPING CONTRIBUTION COUNTY STATE  186 ENCROPPING CONTRIBUTION COUNTY STATE  186 ENCROPPING CONTRIBUTION COUNTY STATE  186 ENCROPPING COUNTY COUNTY COUNTY STATE  186 ENCROPPING COUNTY COUNTY COUNTY STATE  186 ENCROPPING COUNTY COUNTY COUNTY COUNTY COUNTY STATE  186 ENCROPPING COUNTY COUNT	130	Maryland	13b CQUNI	Y	GIVE RESIDENCE BEFORE  13c CITY OR TOWN  MIDDLE	admission)	YES NO		ca Rd.	2122	20
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)		Richa		ansee			Theres	a Mueller		LAST	ī
PART 1. DE ATH WAS CAUSED BY:   15 3   IMMEDIATE CAUSE (a)   Cardio-respiratory Arrest   DUE TO, OR AS A CONSEQUENCE OF Renal Failure     DUE TO, OR AS A CONSEQUENCE OF Renal Failure     DUE TO, OR AS A CONSEQUENCE OF Renal Failure     DUE TO, OR AS A CONSEQUENCE OF Renal Failure     DUE TO, OR AS A CONSEQUENCE OF (c)   Metastatic Carcinoma from Colon     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-   190 DATE OF OPERATION   190. CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO   NO   NO CONTRIBUTING CAUSE OF DEATH? YES   NO   NO CONTRIBUTING AMEDICAL EXAMINES   P.M. 19     210 ACCIDENT WAS UNDERTYING   210 TIME OF INJURY AMONTH DAY YEAR (IF ETHER NOTIFY MEDICAL EXAMINES)   P.M. 19     211 ANDIEWING   AUTOPSY?   210 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO   NO   NO CONTRIBUTING CAUSE OF DEATH? YES   NO   NO CONTRIBUTING CAUSE OF DEATH? YES   NO   NO CONTRIBUTING CAUSE OF DEATH? YES   NO   NO CONTRIBUTION COUNTY INTEM 18 PART 1 OR PART 2)     210 ACCIDENT WAS UNDERTYING   210 IF THE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)   211. LOCATION STREET (CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)   211. LOCATION STREET (CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)   212. DATE SIGNED   212. DATE SIGN	160 \	WAS DECEASED EVE								Sam	ne
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  NOT WHILE AT WORK AT WORK  NOT WHILE AT WORK  22e I certify that (this hospital) attended the deceased from May 16 19 81 to June 16 19 81, and that in (M) (our) opinion death occurred on the date and hour and from the couses stated obove, (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSIC	7	gove rise to in couse (o), stat underlying cous	nmediate ing the se lost	(b)	Renal Far RAS A CONSEQUI Metastat	ilure ENCE OF ic Car			NDITION GIVEN 19	N PART 110	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  NOT WHILE AT WORK AT WORK  NOT WHILE AT WORK  22e I certify that (this hospital) attended the deceased from May 16 19 81 to June 16 19 81, and that in (M) (our) opinion death occurred on the date and hour and from the couses stated obove, (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSIC	TIFICATION	19a DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFYING		OF DEATH?
226 I certify that (this hospital) attended the deceased from May 16 19 81 to June 16 19 81, that (we) lost sow the deceased alive an June 16 19 81, and that in (M) (our) opinion death occurred on the date and hour and from the couses stated obove, (we) (did) (did soi) view the body after death  226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH D		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJI	JRY IN ITEM 18 PART ) (	OR PART 2)	
sow the deceased alive an June 16 obove, (we) (did) (did soi) view the body after death  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	MED	WHILE NOT V	VHILE				STREET	CITY OR TO	OWN C	COUNTY	STATE
ATTENDING MEDICAL STAFF PHYSICIAN   DIRECTOR   PHYSICIAN   6-16-81		sow the decea	sed olive on_			81, 0,	nd that in (🌠) (our) opinion		, , , _		
		× D/	2000	thei	taB		ATTENDING PHYSICIAN		AFF		
230 BURIAL, CREMATION, REMOVAL DATE 230 NAME OF CEMETERY OR CREMATORY 230 LOCATION		BANI	IEL R	. Ron			9000 Fran		Drive 2	1237	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

retained by the haspital or attending physician.

Funeral

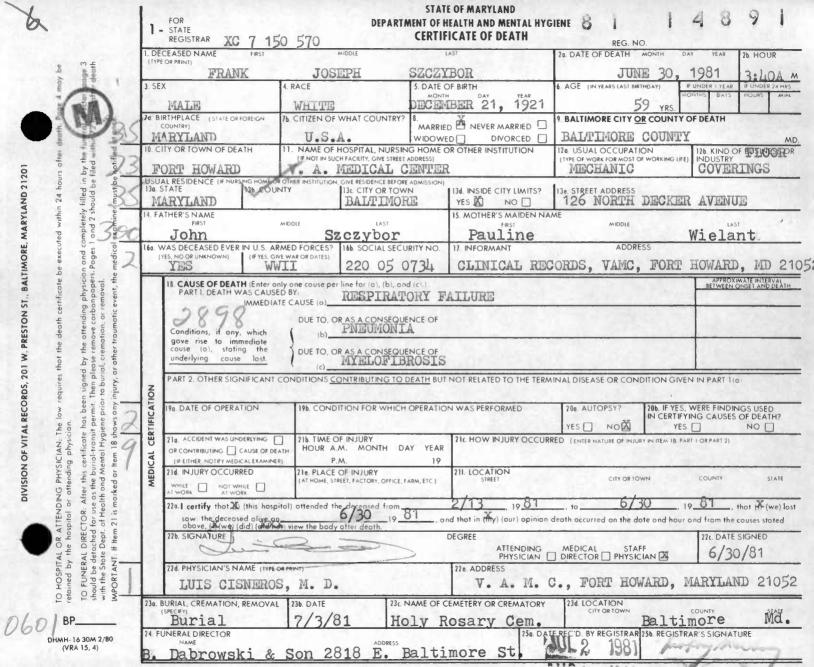
136 NAME OF CEMETERY OR CREMATORY
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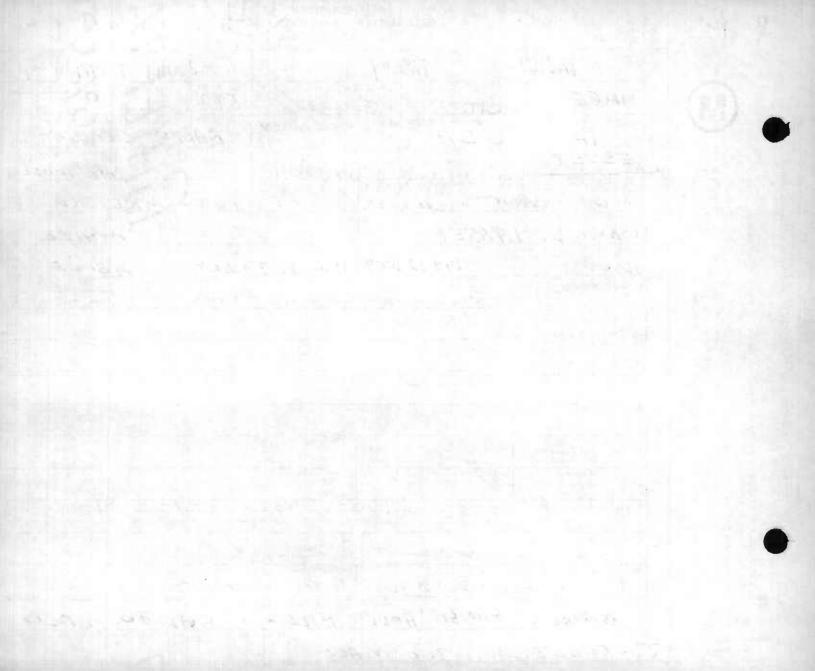
23d LOCATION
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1	STATE REGISTRAR	2	Same was	DEPARTI		ICATE OF DEATH	YGIENE &	REG. NO		4	, ,
	ÇEASED NAME	FIRST	Aller T	MIDDLE	l	AST	2a. DATE O			DAY YEAR	26 HOUR
1	FOR PRINT)	AROL	D. J.	ohn	TAY	LOR	2	un	11,	1981	12 65 AM
SE	07-0-	4.1	RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRTH		IF UNDER TYEAR	IF UNDER 24 HRS.
	m.	ale	1 2	ohite	9	7 1906	74		YRS	MUNIHS DAYS	HOURS MIN.
. <u>B</u>	IRTHPLACE (STATE OR	FOREIGN 7b		WHAT COUNTRY?	8	Y	9 BALTIMO	ORE CITY OR		OFDEATH	
4 27	CHUNRY RE	REC	1000	S.A.	MARRIEI	D DIVORCED [		ltimor	e Con	unty	MD
) C	ITY OR TOWN OF DE		NAME OF I	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION		OCCUPATIO		12b. KIND O	F BUSINESS OR
1	Randallston	wn Ba	ltimor	e County	Gener	ral Hospital		ce man		R.C.	4.
	AL RESIDENCE (# NURS	ING HOME OR OTH			ADMISSION)				00,901	1.0017	•
Ju .	MD	Baltim	ore	Randalls	town	13d INSIDE CITY LIMITS?		South	1077.7	Road	
. F	ATHER'S NAME					IS MOTHER'S MAIDEN				·oaa	
	Everton	MIDE	DLE	Taylo	79	Agnes		WIDDLE		Rodman	
a V	WAS DECEASED EVER	IN U.S. ARMEI	D FORCES?	16b SOCIAL SECU			T	. ADDRES	S	nouna	
(	YES, NOOR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)				. Linet				21133
_	110			156-07-	5242	9606 Southa	II Rd.	#101,	Ranc		
	18 CAUSE OF DEAT PART I. DEATH W	H Enter only o	ne couse per	line for (a), (b), on	d (c).)	0				SETWEEN O	MATE INTERVAL ONSET AND DEATH
		IMMEDIATE C		Samere	- Cer	elva. nous	cular,	Accord	الهما		
	4360		DUE TO, O	R AS A CONSEQUE	NCE OF						
	Conditions, if ony		(d)								
	gove rise to imr		DUE TO O	R AS A CONSEQUE	NCE OF			50.07			3300
	underlying couse		10,0	K AS A CONSEQUE	INCE OF					- 0	
	PART 2. OTHER SIGN	NIFICANT CON	IDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TE	PMINAL DISEAS	SE OR COND	ITION GIV	EN IN DART 1/2	
2	Chr	mil	aly	tune T:	Rin	- droor	-	JE OR COIND	111014 014	EN HALVEL TIC	
=	190 DATE OF OPERA	TION	19h COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20g AUTO	OPSY?	20h JE VES	, WERE FINDIN	ICS LISED
5						The same of the order			IN CERTIF	YING CAUSES	OF DEATH?
¥	21a, ACCIDENT WAS UNE	DEBLANC 🔲	21b. TIME O	E INTITION		111. HOW BUILDY OCCU	YES [	иоП	YE		ио 🗆
2	OR CONTRIBUTING			M. MONTH DA	YEAR	21c. HOW INJURY OCCI	UKKED (ENTERNA	ATURE OF INJURY	IN ITEM 18 P	ART 1 OR PART 2)	
2	(IF EITHER, NOTIFY MEDI	CAL EXAMINER)	P.,		19						
5	21d. INJURY OCCUR		21e PLACE (	OF INJURY REET, FACTORY, OFFICE, F.	APM FTC 1	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
•	AT WORK NOT WH	IILE RK									
	22a. L certify that (1)	(this hospital)	ottended the	e deceased from_	50	nell, 19 8	, 10	June	- []	19 8	that (I) (we) last
	sow the deceos above, (I) (we)		J une		, on	d that in (my) (our) opinio	on death occurre	ed on the dot	e and hou	ond from the	couses stated
	27b. SIGNATURE	aid (did nor) vi	ew the body	difer death.	[	DEGREE				22c. DATE	SIGNED
	42		c)	0.0	1.0	ATTENDING	MEDICAL	STAFF		1-1	1-41
	22d. PHYSICIAN'S N	AME ITYPE OF PR	INTI	-	-	220 ADDRESS	DIRECTOR	PHYSICIA	AND	10 "	01
	GHASSE!				-	Bala.	0 3	50	1	Kozi	5.0
				STABB			Low		77-	1-03/1	
	BURIAL, CREMATION,	REMOVAL 1	3b. DATE	23c N	NAME OF C	EMETERY OR CREMATOR	Y 23d. LOC	ATION	100	COLOUTY	E7.17

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT; If them 21 is marked or them 18

Burial 6/13/81

Lake View Memorial Pk. Sykesville

Carroll

MD

FUNERAL DIRECTOR Loring Byers Funeral Directors, P. Alason Date REC'D. BY REGISTRAR'S SIGNATURE 8728 Liberty Rd., Randallstown, MD 21133 JUN 12 1981

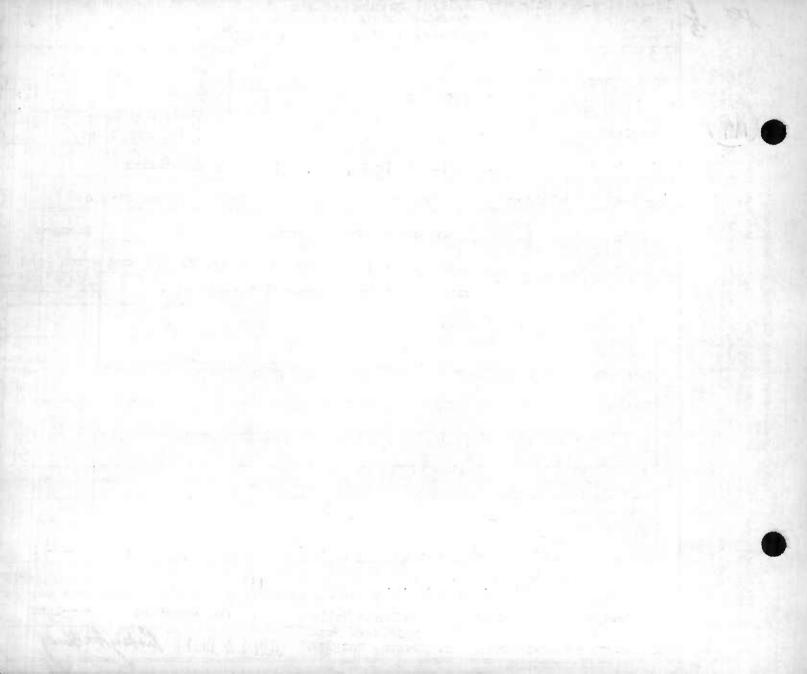
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

FOR

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June 15, 1983 | 2:034
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T	. DEC	EASED NAME OR PRINT)	Sher	rv	MIDDLE		To	omey		20	DATE KN OF E DEATH M	IOWN [	MONT		YEAR 19 81	26 HC
	SEX	male	4. RACE White	5. DATE OF BIR	AM MEAN	6. AGE (IN YEARS (AST BIRTHDAY) 26 YRS.	IF UNDER	R T YR. IF	UNDER :		C. DATE RONOUNCE DEAD	ED	MONTH	DAY	YEAR 19 8 1	12: 12: a.
6	FOR	THPLACE (ST EIGH COUNTRY) aryland	ā	U.S.			MARRIED VIDOWED	NEVER	MARRIE		Baltimor	t i mo	_			
	Т	i mon i um	1	2302	Chetwo	ood Circ	le, A		Ю I	FOR MC	NLOCCUPAT OST OF WORKING Y Tecl	TION (TYPE Inici	e of work	12b. KII	ND OF B	USINESS TRY
UI:	3a. ST	RESIDENCE ( ATE ryland	13b COL	AE OR OTHER INSTITUTION JNTY <b>timore</b>	N, GIVE RESIDENC 13c. CIT Tim	e before admission) Y OR TOWN Onium	T3d	I. INSIDE CITY L	IMITS?	13e. STREE 230	et address 2 Che1	twood	l Ci	rcle		
0		THER'S NAME FIRST Edwin		MIDDLE A.		hstedt,	Jr.	MOTHER'S FIRST DO1	ris	NNAME		L.		T.	LAST NOMS	on
	6a. W	AS DECEASED S, NO, OR UNKNO NO	VEVER IN U.S. A	ARMED FORCES?	.,,,,,	CIAL SECURITY N		Mayne		Toome	y,sr.	ADDRESS 327		d By:	ron	Road
	-	gove ris	e to immedia	ote / (b)						2				- 100		
		PART 2 DINER SIG	SNIFICANT CONDITIO	(c)NS CONTRIBUTING 1D DE	ATH RUT NOT REL					T 1 (a).						
		PART 2 DINER SIG	SNIFICANT CONDITIO	(c) (C	ATH RUT NOT REL		ION WAS	PERFORME	D?		JURE OF INJURY	Y IN ITEM 18 I	PART I OR	-41	AUTOPS	1? NO [
3	DICAL CERTIFICATION	PART 2 DINER SIG	OPERATION  L CAUSE WAS  OR O	(c)  INS CONTRIBUTING TO DE  IPS CONTRIBUTING TO DE  IPS CONTRIBUTING TO DE  PROPERTY TO THE P	ATH RUT NOT REL	WHICH OPERAT  H DAY YEAR  19 Y (AT HOME.	ION WAS	PERFORME INJURY OC	D?	AN RETHE!	LTURE OF INJURY			-41		
	DICAL CERTIFICATION	PART 2 DINER SIGNATE OF 210. EXTERNA UNDERLYING CONTRIBUTING 11 INJURY O WHILE AT WORK	OPERATION  L CAUSE WAS OR OCCURRED  NOT WHILE AT WORK  19 that I took che	(c)	E OF INJURY A.M. MONTH P.M. CE OF INJURY FACTORY, FARM,	WHICH OPERAT  H DAY YEAR  19 Y (ATHOME.  ETC.)	21c HOW 21f LOCAT STREE	PERFORMEI INJURY OC	D?	Undeter		], an	C	PART 2) COUNTY Opinion		NO [
3	MEDICAL CERTIFICATION	PART 2 DINER SIGNATURE SIG	OPERATION  L CAUSE WAS OR OCCURRED  AT WORK  That I took cho	(c) (C	E OF INJURY A.M. MONTH P.M.  described ab  Accident	WHICH OPERAT  H DAY YEAR  19 Y (ATHOME, ETC.)  Ove, held on  Suicid	21c HOW 21f LOCAT STREE  Autopsy	PERFORMEI INJURY OC	D?  CCURRED  Ispection  Lifty)  Tant	Undeter MEDIC	Inquiry Imined monn	, on , er ,	nd in my	PART 2) COUNTY Opinion	YES 🗶	NO [



	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE & REG. NO.	1 4 8	96
ige 4 may be rector, page 3 urs after death	1. DE	CEASED NAME MORR  X  MALE		I. FUC	J. DATE C	ALINSKY FBIRTH  DAY- GRAP	20. DATE OF DEATH MODE 6 - 1	9-81 AY) IF UNDER TYEAR	2b HOUR MIN.
ofter death. Pennerol di	M 10.01	RTHPLACE ISTATE OF FOREIGN COUNTRY  ARYLAND  TY OR TOWN OF DEATH  ANDALLSTOWN	USA 11. NAME OF H	H FACILITY, GIVE STREET	MARRIEI WIDOWE NG HOME C ADDRESS)	D DIVORCED TROTHER INSTITUTION	9 BALTIMORE CITY OR C BALTIMOR  12a USUAL OCCUPATION (174PE OF WORK FOR MOST OF WORK) APPLIATER	E COUNTY	MD. BUSINESS OR
MARYLAND 2120 ed within germours ond 2 should be re- propriet	13a S M	AL RESIDENCE (IF MURSING HOME OF THE		BALTO.	E ARMISSIONI	13d. INSIDE CITY LIMITS? YES XX NO \( \bigcircle{1}\)	13e STREET ADDRESS 1244 WILLI	AM ST. #212	230
BALTIMORE, MAR ote be executed w ysicion and comple ppers. Pages I and val. 1, the medicol even	16a V	NO	T.  MED FORCES?  /E WAR OR DATES)	RALINSKY 166 SOCIAL SECT 213-16-	5357A		S ROSE TRADIN	BALTO., N	MD 21208
res that the death certificate by the attending phy please remove carbon prival, cremation, or remains, or other traumatic even	NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OI  DUE TO, OI  DUE TO, OI  DUE TO, OI	R AS A CONSEOU	ENCE OF		AINAL DISEASE OR CONDITION	(E	ATÉ INTÉRVAL SET AND DEATH
F VITAL RECORDS, IAN: The low require physicion. ificote has been significate has been significated by I Hygiene prior to be all shows ony injury.	CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	21b. TIME O	F INJURY	OPERATION	21c HOW INJURY OCCUP	20a AUTOPSY? 20 YES NO NET NATURE OF INJURY IN	Ib. IF YES, WERE FINDING N CERTIFYING CAUSES O YES []	GS USED OF DEATH? NO
ENDING PHYSICIAN: The coll or ottending physicion DR. After this certificate has so she buriol-stronsit process the buriol-stronsit process the buriol-stronsit is marked or Item 18 shown is marked or Item 18 shown	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) (this haspi	21e. PLACE C	OF INJURY REET, FACTORY, OFFICE, I	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ital OR ATTEN by the hospitol ERAL DIRECTOR: e detached for us state Dept. of He NT: If them 21 is		sow the deceosed alive an obove, (I) (we) [did] (did no 22b. SIGNATURE	6-	16 19	1	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	death occurred on the date of	and haur and from the co	
TO HOSP TO HOSP Should be with the 8		URIAL, CREMOVAL REMOVAL	10 6/19/	81 S	NAME OF CI HOMRE]	MISHMERES S	23d LOCATION CHARES HAPLAT	A ROSEDALE	STATE MD
DHMH-16 50M 1/B1 (VRA 15, 4)	24 FL	INERAL DIRECTOR SOL 1	LEVINSON OWN RD.	& BROS. BALTO.		51.18	TE REC'D. BY REGISTRAR 25	rotay Maha	RE

1	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	0.	4 8	9 /
	ECEASED NAME	FIRST	MIDDL	E		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
		ALBERT	HEN	IRY	TUCH	OLKA	June 1, 1	981		8:45a
3. SE	MALE	4 RA	WHITE		5. DATE (		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
M.	BRITHPLACE (STATE OF COUNTRY)  aryland  ITY OR TOWN OF DI  ossville	EATH 11. N	U.S.A. NAME OF HOSE FNOT IN SUCH FACE TANKLIT	PITAL, NURSIN	WIDOWI G HOME ( ADDRESS)	OR OTHER INSTITUTION	9. BALTIMORE CITY OF Baltimore 120. USUAL OCCUPAT (TYPE OF WORKFOR MOST) Plumber	Coun	126. KIND (INDUSTRY	MI OF BUSINESS OR
USU 13a.	AL RESIDENCE (IF NU STATE		INSTITUTION GIVE		ADMISSION) N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 4712 Whit	e Mar		
	Gustave	MIDDLE Tucholka		LAST	200	15. MOTHER'S MAIDEN NA/ FIRST Barbara	ME MIDOLE  Baumann  ADDR		(A	ST
	WAS DECEASED EVE (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	SOCIAL SECU 20-1 2-6		Grace H. Tuck				Rd.
		y, which nmediote ling the se lost.	OUE TO, OR AS  (b)  OUE TO, OR AS  (c)  ITIONS CONTE	a Conseque	NCE OF	NOT RELATED TO THE TERM	Infarcti		VEN IN PART 1	01
CERTIFICATION	19a. DATE OF OPER			100		N WAS PERFORMED	200. AUTOPSY? YES NO	20b. IF YE	S, WERE FINDI FYING CAUSES ES []	NGS USED
EDICAL CER	21a. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOT IFY ME) 21d. INJURY OCCU	CAUSE OF DEATH DICAL EXAMINER)  RRED 2	16. TIME OF IN. HOUR A.M. P.M.  1e PLACE OF IN. AT HOME, STREET, F.	MONTH DA	19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU		PART I OR PART 2)	STATE
W	220.1 certify that	(this hospital) at	tended the de	ceosed from.	May 31	30 , 19 81 nd that in ( ) (our) opinion of DEGREE	, toJune	1	19_ <b>81</b> , ur and from the	that (we) los
	22d. PHYSICIAN'S I	NAME THEFORPRINT			HE	ATTENDING PHYSICIAN [	MEDICAL STA DIRECTOR PHYSIC	CIAN 4	6-	1-81
23a.	BURIAL		UNE 4,			PARK CEMETERY	23d. LOCATION CITY OF TOWN BALTIMORE	MARY	LÁNĎ	STATE

24 FUNERAL DIRECTOR
NAME
DIPPEL FUNERAL HOMES INC. 7110 BELAIR RD. 21206 JUN 3 1981

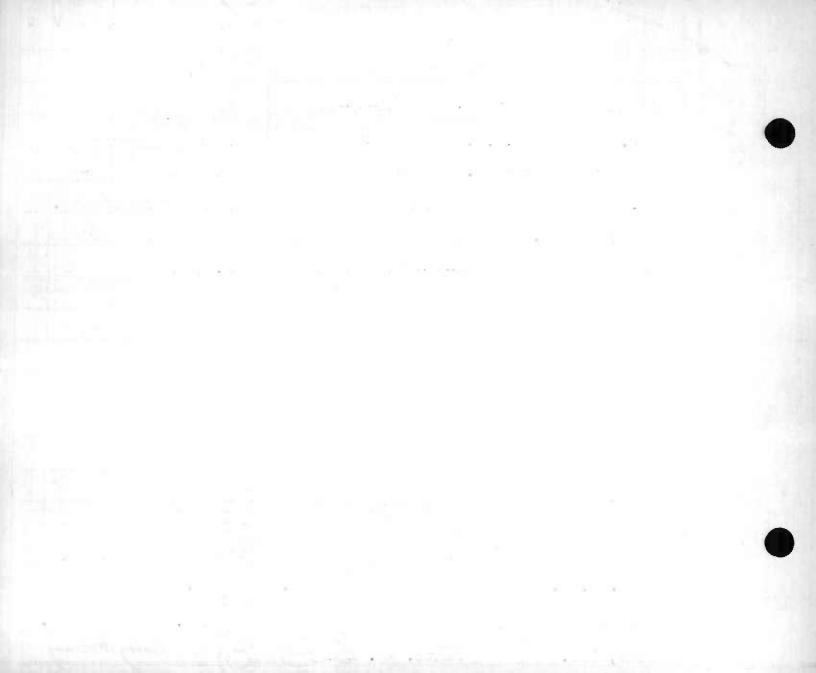
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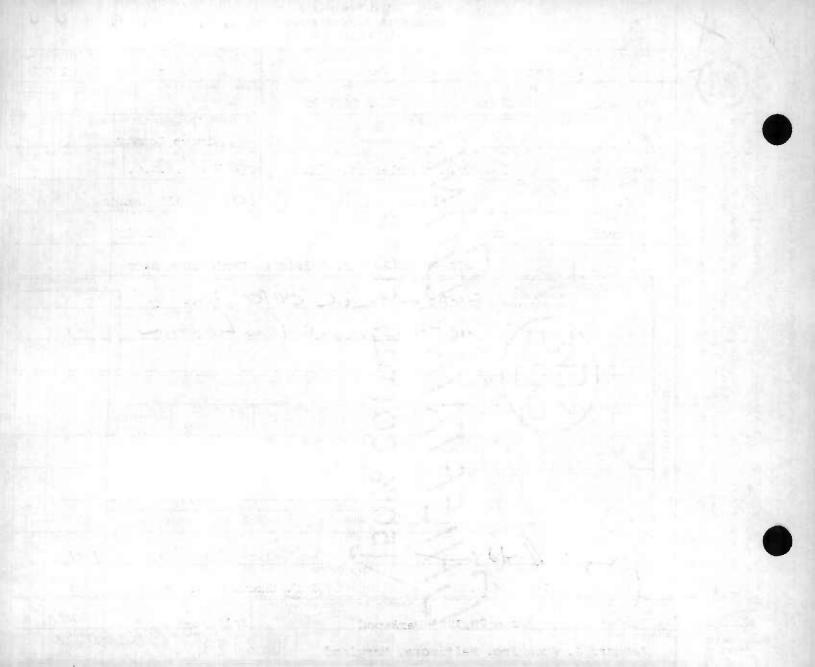
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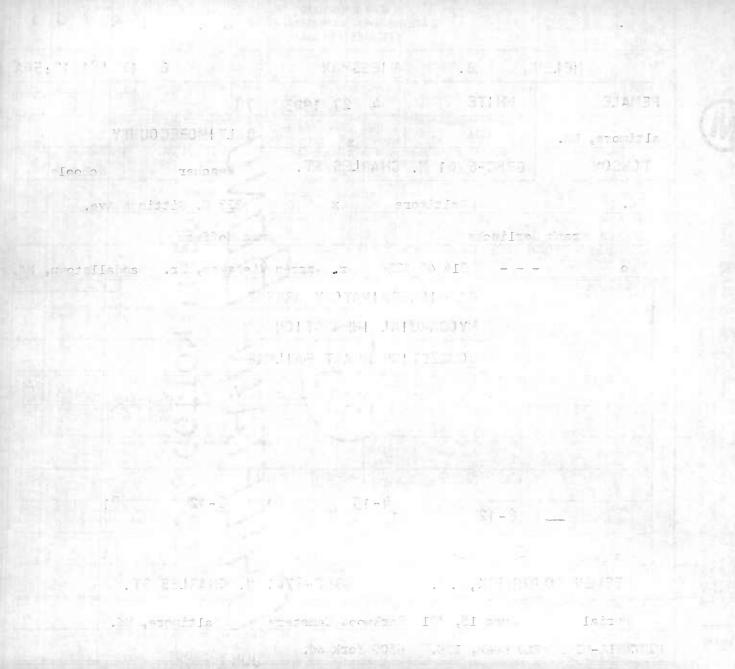
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Home, Inc.

STATE OF MARYLAND







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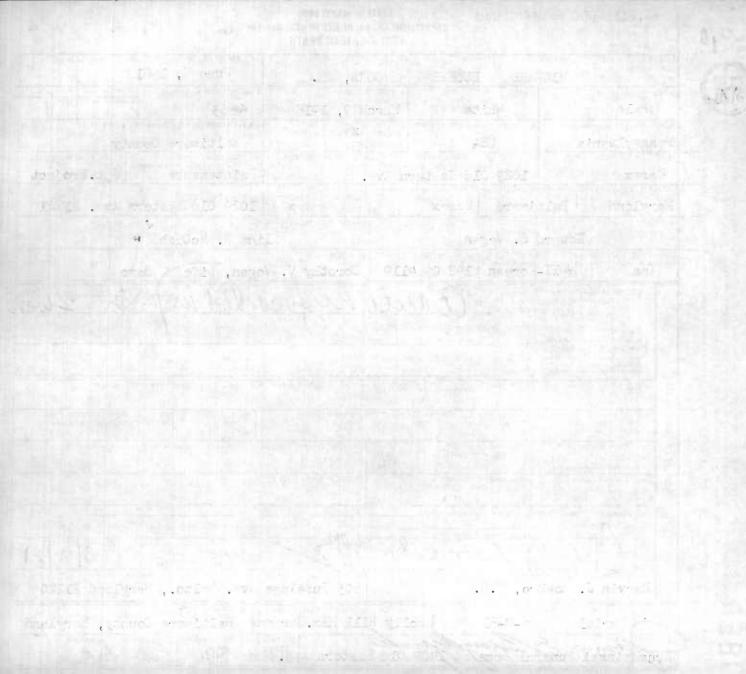
- STATE

REGISTRAR

14 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH DAY 2b. HOUR June 6. 1981 IF LINDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Apt. Project 13e STREET ADDRESS 1029 Old Eastern Ave. 21221 Same 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) STATE \_\_\_\_\_, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22L DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 805 Fuselage Ave. Balto., Maryland 21220 Baltimore County, Maryland 250. DATE REC'D. BY REGISTRAR 21 BE ISTRAR'S SIGNATURE APOUN 8 Old Eastern

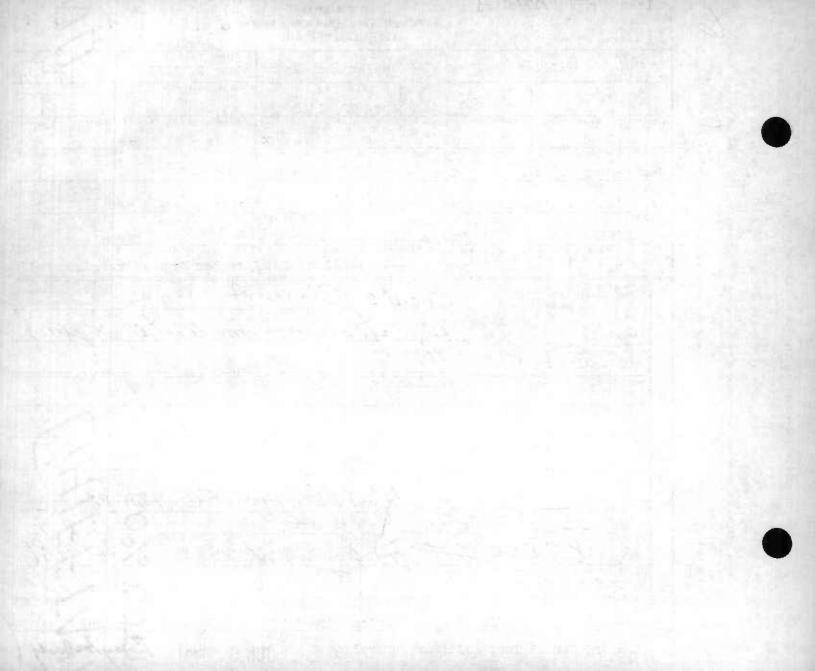


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Lila Arbutus DEATH MATED Wagner 4. RACE AGE (IN YEARS | IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY) PRONOUNCED Dec. 28,1927 Female White 53 DEAD U112 13 198 IN BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) West Virginia U.S.A. WIDOWED X Baltimore County, DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY N PM 3. RETAIN P Timonium 68 Cinder Road Secretary Social Security USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Maryland Timonium NO X 68 Cinder Road 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME PAGES 1 AND MIDDLE LAST MIDDLE FIRST Claude Kesner Bessie Shreve 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) 234-40-3642 James P. Wagner Same as #13. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY TRANSIT PERMI AND MENTAL HYGIEN IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF MEDICAL EXAMAS A BURIAL lying cause last CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) HEALTH CERTIFICATION FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C USED / 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOVE 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 107 107 MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM ETC 1 CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTJMORE, MARYLAND, 2 Autopsy 22a. I certify that I took charge of the remains described above, held an Inspection Suicide Hamicide Undetermined manner TITLE (SPECIFY DATE Charles F. O'Donnell, MD. EXAMINER'S NAME 7501 York Road (TYPE OR PRINT) Towson, Md. 21204 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23r NAME OF CEMETERY OR CREMATORY STATE June 16,1981 Dulaney Valley Cem. Buria1 Cockeysville Balto., Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1050 York Road DHMH - 17 (VR A15 ME (5) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 15M 2/80

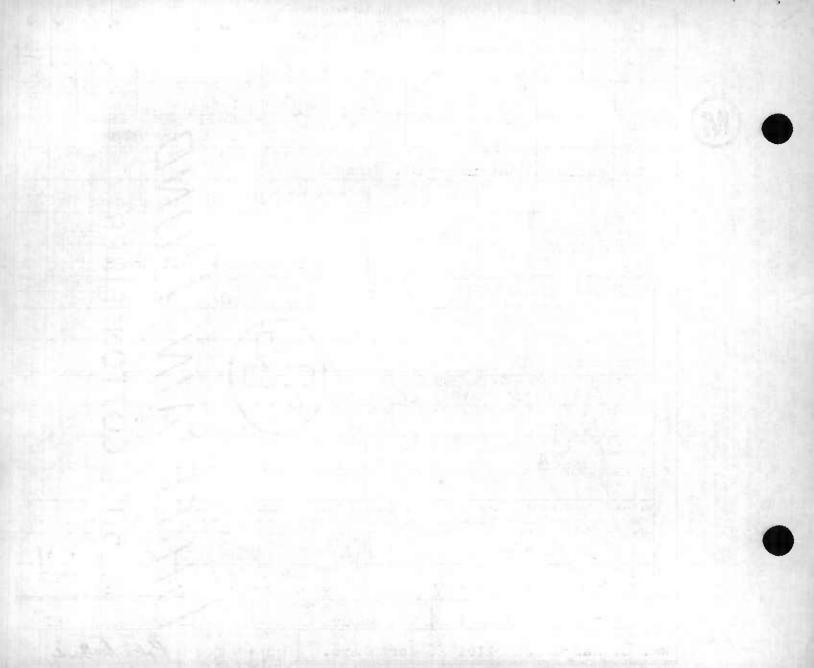
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be the		CEASED NAME E OR PRINT)	Willi.	am	MIDDLE C		brecher Sr		June 8, 1	MONTH	DAY YEAR	26 HOUR 45 Sk
ge 4 may	3. SE	x Male		4 RACE White	е	S. DATE (	DAY YE		. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
de A	7a. B	IRTHPLACE (STATE COUNTRY)  Maryland	OR FOREIGN	76 CITIZEN OF		UTRY? 8	D NEVER MARRIE	D L	Baltimore City of	R COUNT		
S offer d		och Raven		11. NAME OF (IF NOT IN SU	HOSPITAL, N		OR OTHER INSTITUTIO	I NC	20 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Salesman	ION	12b. KIND C	OF BUSINESS O
filled in nould be t	13a.	AL RESIDENCE (IF N STATE Maryland	13b. COUP	OTHER INSTITUTION	13c. CITY OF	E BEFORE ADMISSION)	13d INSIDE CITY LIM		3e STREET ADDRESS  1803 Aber	deen	Rđ	
ond 2 st		ATHER'S NAME FIRST Willian	n	MIDDLE	Walbre		15. MOTHER'S MAID FIRST Virgie				ixon	51
n ond co		VAS DECEASED EVI YES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)		SECURITY NO. 1-2539	17 INFORMANT William C	Wal	ADDRI brecher Jr		Francis	co Cali
certificate ing physicir rbon poper ir remaval.		18 CAUSE OF DE. PART I. DEATH	WAS CAUSE	TE CAUSE (0)	Ci	cule	$C \cdot l$	1.	A		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
of the deoth y the attend e remove ca cremation, c		Conditions, if or gove rise to it couse (a), sta underlying car	mmediate ting the	(6)_	1	SEQUENCE OF	ension		moder	all	Xy	elars
requires the	NO	PART 2 OTHER SI	GNIFICANT (	(c) CONDITIONS <u>C</u>	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO TH	IE TERMIN	AL DISEASE OR CON	DITION GI	IVEN IN PART 11	a
The low ration.	CERTIFICATION	19a DATE OF OPER				VHICH OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES NO	IN CERT	ES, WERE FINDIF IFYING CAUSES 'ES [	
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ING PHY r affer this as the bi Ith and A	MED	AT WORK	WHILE O	(AT HOME ST		DEFICE FARM MEL	2 PAR	>4	Tels	wn / 3	COUNTY	STATE
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by the h by the h ERAL DIR e detachs		22d. PHYSICIAN'S	BC.	elas.	cale	> 14.	ATTEND	ING I	MEDICAL STAI	F IAN 🗌	6/	9/8/
TO HOSPITAL (retoined by the TO FUNERAL Eshould be detained with the State Elimportant: if	22	Carlos	E Ara	anaga M	M.D.		1900 E. 1		nern Parkwa	ay Ba	altimore	e, Md
BP		SURIAL, CREMATION (SPECIFY)  Burial	V, REMOVAL	23b. DATE 6/11/	/81		emetery or crema and Mem Pai	rk_	23d LOCATION CITY OR TOWN Baltimo	re, M	county aryland	STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTOR  Leonard	J Ruck	k Inc. 1	Baltimo	ore, Mary		So DATE R	REC'D. BY REGISTRAR	25b. REGI	RAR'S SIGNAT	Bready



62	1 - STATE OF MARTIAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  CERTIFICATE OF DEATH  REG. NO.
4 moy be transfer and the decah	1. DECEASED NAME FIRST MIDDLE (1YPE OR PRINT) ELIZABETH G. WALLACE 20. DATE OF DEATH MONTH DAY YEAR 126 HOURS AM.  3. SEX ARCE D. DATE OF DEATH MONTH DAY YEAR 15 UNDER 12 HOURS MIN.
Geoth. Poge	76. BIRTHPLACE (STATE OR FOREIGN VA USA WIDOWED DIVORCED Baltimore CO. MD.
201	10 CITY OR TOWN OF DEATH  NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Baltimore Co. General  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
LAND 212 hin 24 hou should be	USUAL RESIDENCE (IF NURSING MONE OR OTHER INSTITUTION GIVE BESIDENCE BEFORE ADMISSION)  136. STATE    136. CITY OR TOWN   136. CITY OR TOWN   136. INSIDE CITY LIMITS?   136. STREET ADDRESS   3814 Greenspring Ave.   14. FATHER'S NAME
MARYLAND ed within 24 ond 2 should exeminer mus	William A. Frooks Sarah E. Charity
	WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17. INFORMANT ADDRESS   167 SOCIAL SECURITY NO.   17. INFORMANT ADDRESS   220-24-5898 Beatrice Garnes 3814 Greenspring Ave
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbon p urial, cremotion, ar reno r, or other troumotic ever	Retween on Set and Death   Enter anly ane cause per lige for (a), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   MASSIVE PULL MONARY (DUBDUSM).   Retween onset and Death
TAL RECC	CARCINOMA OF LUNG  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  100. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING.  210.
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir r attending physician.  Wher this eartificate has been sig os the build-transit permit. Then h and Mental Hygene prior tab orked or them 18 shows any injury	OR CONTRIBUTING CO
L OR ATTENDIN the hospital or L DRECTOR: At to be or or or or hospital if them 21 is mon	22a. I certify that (I) (this hospital) attended the deceased fram
TO HOSPITAL retained by 1 TO FUNERAL should be with the State IMPORTANT:	VUNDYACA V - REDDY RANDALSTONN, AND 21133
C13 BP	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN Baltimore MD
)/0	Wm. C. March F/H 1101 E. North Ave. 1111 7 1001



7)			FOR STATE REGISTRAR			EPARTMENT O	FHEALTH	AARYLAND I AND MENTAL H CERTIFICATE O	F DEATH	REG, NO.	423	9 0	6
	EASE TOR. TOR. TES.		CEASED NAME DE OR PRINT)	FIRST	A M	MIDDLE	W	ALSH DER LYR, TIF UNDER	DEATH	ESTI- MATED	MONTH D	2 19 8/	26 HOUR
	ARY, PURECOUR POLICY PO	Fe	male Whit	e i	April 27	1905 76			MIN. PRONOU DEA	NCED )	1	19	2d HOUR
	NECESS S. FOR WITH	Me	RTHPLACE (STATE OR PREIGN COUNTRY)		USA		WIDOW		Ba	AORECITY <u>OR</u> 1timore	Count	ty	MD.
	PAGE FILED	Middle River			1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  1129 Susquehanna Ave. 21220  1120 USUAL OCCUPATION (TYPE OF EDR MOST OF WORKING LIFE)  HOUSEWIFE							KIND OF BU OR INDUSTR	SINESS
21201	AND 3 THOULD IN POULD IN POUR I	13e. S		ng HOME OR O b. COUNTY Baltim		13c, CITY OR TOWN	ssion) iver	13d. INSIDE CITY LIMITS? YES NO 🛣	13. STREET ADDR	ess Squehan	na Ave	212	20
RE, MD.	PEATH. II	14 F	ATHER'S NAME FIRST FY	ank P	lichta	LAST		15. MOTHER'S MAIDE FIRST	Mary ?	AIDDLE		LAST	
BALTIMORE,	AFTER DISION OF ISION	16a, \ (Y	VAS DECEASED EVER IN ES, NO, OR UNKNOWN) (1	U.S. ARMEE F YES, GIVE WAR	P ORCES?	216 58 4	556	William Wa	alsh, hus	address band	ame		
RECORDS, 201 W. PRESTON ST.,	D BE EXECUTED WITHIN 24 HO PENDING" IN PENCIL IN ITEM 1 MEDICAL EXAMINER ALONG 1 AS A BURIAL - TRANSIT PERM SELTH AND MENTAL HYGIENE CREMATION, OR REMOVAL.	TION	Conditions, if on gove rise to in cause (a) stating the lying cause last.  PART 2 DTNER SIGNIFICANT C	y, which immediate in under-	AUSE (o)  DUE TO, OR A  (b)  DUE TO, OR A  (c)  TRIBUTING TO DEATH BI	AS A CONSEQUENCE  US A CONSEQUENCE  UT HOT RELATED TO BE THE	E OF	ession	perti	culi	7-3	ETWEEN GNSET	
DIVISION OF VITAL RECORDS, 201	CERTIFICATE SHOUL ITING THE WORD "" DED TO THE CHIEF E 3 SHOULD BE USEC E DEPARTMENT OF H IT PRIOR TO BURIAL IT PRIOR TO BURIAL	MEDICAL CERTIFICATION	216 EXTERNAL CAUSE UNDERLYING ON CONTRIBUTING CA	WAS USE OF DEA	21b. TIME OF HOUR A.M. P.M. 21e PLACE O	INJURY MONTH DAY YE	AR 21c. HG	CATION	) (ENTER NATURE OF IN			YES	NO STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR PLES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE DUSED AS A BURIAL. TRANSIT PAGES 1 AND 2 SHOULD BE FILED, WITHIN 24 HOURS AFTER DEPARTMENT OF HEALTH AND MENTAL HYGEINE, DIVISION OF WITH RECORDS, 201 W PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	23o. B	WHILE AT WORK AT WOI  220   certify that I to death resulted fram:  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  URIAL, CREMATION, REA	Notural of		U WA L	Suicide M	Homicide  TITLE (SPECIFY)  D  ADDRESS  R CREMATORY  Lem. Gardens	Undetermined m  MEDICAL EXAM  Duna  1334 LOCATION CITY OR TOWN  Baltin  EC'D. BY REGISTR	winer	DATE SIGNED	4/2	/2 2 2 2 2 ATE nd
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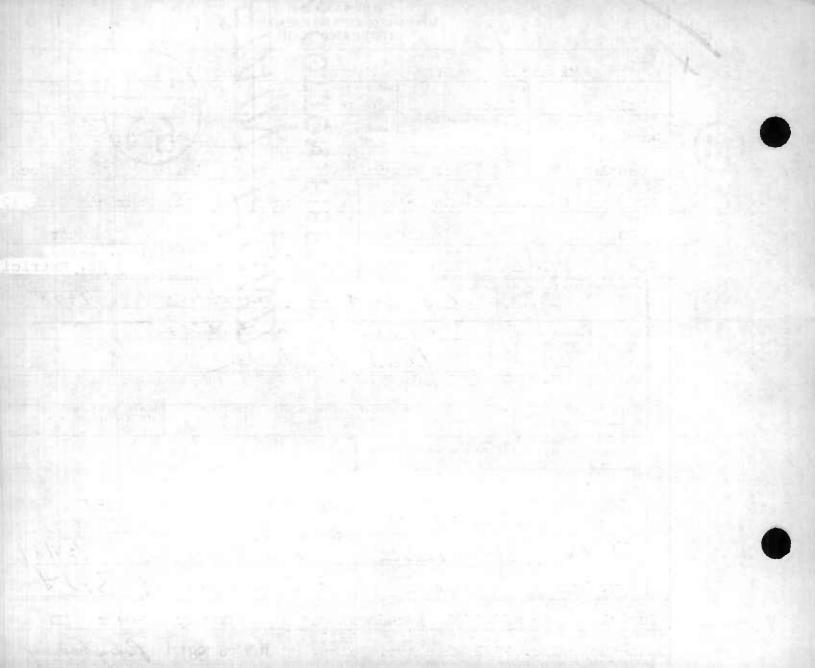
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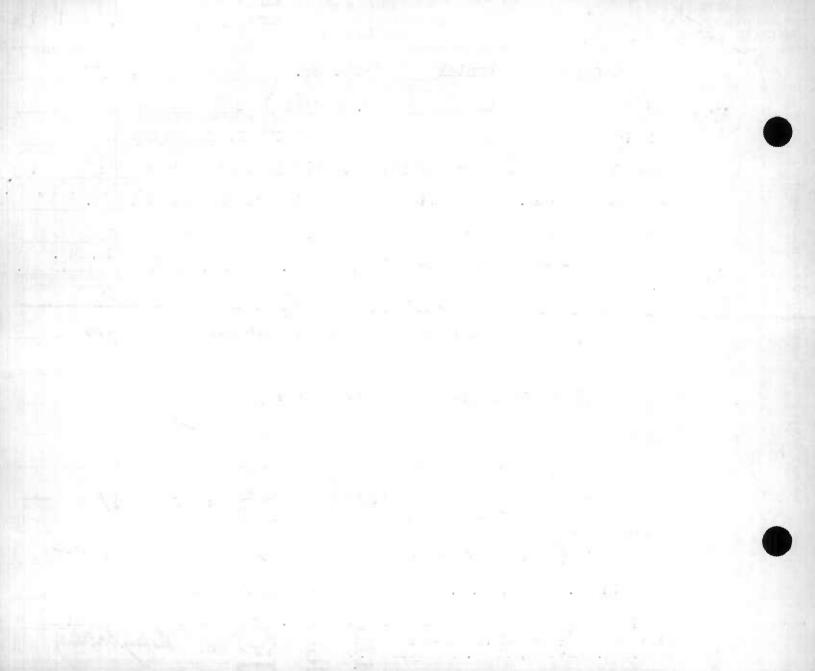
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70. E	OREIGN COUNTRY)  D.C.	ATE OR	VSA		MARRIED TO NEVER	MARRIED	9. BALTIMORE CIT	y <u>or</u> coun imore	Count		
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113a	AL RESIDENCE STATE Bryland	186 COU	OR OTHER INSTITUTION, GENTY Limore	13c. CITY OR TOWN Catons vill	13d. INSIDE CITY L	IMITS? 130. STR	EET ADDRESS Overhill F	Road.C	atons	111	e.Md
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160.	NO, OR UNKNO		E WAR OR DATES)	16b. SOCIAL SECURITY N	Mary F	. Simps	n 12 Sara New Cas			re1	972 <sup>6</sup>
	18 CAUSE O PART I DE	F DEATH (Enter a ATH WAS CAUSI	nly ane cause per line D BY:	for (a), (b), and (c).) Focal Myocard	itis				APPRO	XIMATE IN	
	43	90 IMMEDIA	ATE CAUSE (a)	AS A CONSEQUENCE OF					-		
100		ns, if any, which									
		stating the under		AS A CONSEQUENCE OF							
	7.00		(-)								
	BART 2 DINER CO	CHIEFETHY COMPLETE	(c)								
N.	PART 2 DINER SI	GNIFICANT CONDITION		BUT NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIV	VEN IN PART 1 (o).					
CATION	PART 2 DINER SI		CONTRIBUTING 10 DEATH	BUT NDT RELATED TO THE TERMINA					2D AUTO	OPSY?	
TIFICATION	190. DATE OF	OPERATION	S CONTRIBUTING 10 DEATH	TION FOR WHICH OPERAT	ION WAS PERFORME	D?			YES		NO []
ICAL CERTIFICATION	190. DATE OF	OPERATION  L CAUSE WAS  OR  NG CAUSE OF	196 CONDITION TO DEATH  196 CONDITION  216. TIME OF HOUR A.M  DEATH P.M	TION FOR WHICH OPERAT FINJURY L. MONTH DAY YEAR	TION WAS PERFORMED	D?	NATURE OF INJURY IN ITEM	. 18 PART 1 OR P.	YES		но 🗆
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MEDICAL CERTIFICATION	210 EXTERNA UNDERLYING CONTRIBUTING 21d. INJURY C WHILE AT WORK	OPERATION  LI CAUSE WAS  OR  NG CAUSE OF  DOCUMENT  AT WORK	21b. TIME OF HOUR A.M. DEATH  21e PLACE C STREET, FACT	FINJURY  MONTH DAY YEAR  19 DE INJURY (ATHOME.	21c HOW INJURY OC	D?			YES ART 2)		
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STATE OF MARYLAND



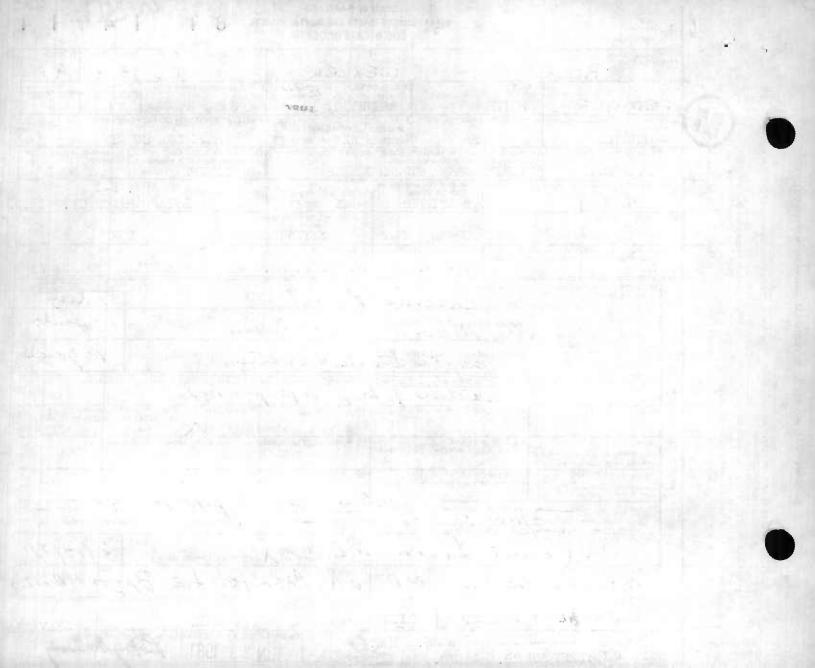
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requires that the death in signed by the offendi. Then please remove control burial, cremation, or injury, or other troumatiniury.	NOI		hich (state ) hich (state )   DUE 1	TO, OR AS A CONSE	OUENCE OF	NOT RELATED	TO THE TERMI	INAL DISEASE	or condition	GIVEN IN F	27.	ylor.
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R ATTEN hospital RECTOR: eed for us ipt. of He em 21 is		270. I certify that (I) (this sow the deceased above 172b. SIGN # 1 RE	s hospital) offend	119	9	nd that in (=7) (	, 19 87 our) opinion d	, to leath occurred	6 19 on the date and	22	om the co	IGNED
TO HOSPITAL OF TO FUNERAL DI should be detoch with the State De IMPORTANT: If H		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	MANON			,	MEDICAL DIRECTOR [	STAFF PHYSICIAN		June	19, 198
BP		BURIAL, CREMATION, REA (SPECIFY) Burial				emetery or contact the Cem		Golden	Ring		ťimo	
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME A 554 NM	FH.	7401 L	3e/ar	td/	25a. DATE	REC'D. BY RE	GISTRAR 25b. REC	GISTRAR'S S	SIGNATU	RE

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3	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 REG. NO.	4913
noy be poge 3 er death		CEASED NAME FIRST E	DNA MIDDLE	WEINER	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
4 moy or, pog ofter de	3. SE	× Cenal	RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	UNDER I YEAR IF UNDER 24 HRS
(M)		COUNTRY	CITIZEN OF WHAT COUNTRY?	NOV. 27, 1900  **MARRIED   NEVERMARRIED	9 BALTIMORE CITY OR COUNTY C	
		MARYLAND ITY OR TOWN OF DEATH 1	USA  1. NAME OF HOSPITAL, NURSIN	WIDOWEX DIVORCED DIVORCED DIVORCED	BALTIMORE CO	UNTY MD.
in by the e filed		RANDALLSTOWN	BALTIMORE CO	(TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	AT HOME	
24 ho		AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT MARYLAND BALT		RE YES NO XX	136. STREET ADDRESS 3623 SEVEN MILE	LA. #21208
ond 2		ISRAEL		STEIN ROLLE	MIDDLE	ŚĈHERR
n ond Poges		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE Y	ED FORCES? 166 SOCIAL SECUI NAR OR DATES) 213-48-	DR.		D 21208
equires that the death certificate be signed by the ottending physicio. Then please remove carbompapers in burial, cremation, or removal. injury, or other traumatic event, the	NOI	PART I. DEATH WAS CAUSED  IMMEDIATE  Conditions, if ony, which gove rise to immediate couse (o). stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	1 1 1 2 3 7	J IN PART I (o)		
The low reicion. The hos been use the permit. It giene prior shows ony it	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, NO IN CERTIFYI YES	WERE FINDINGS USED NG CAUSES OF DEATH?
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TTEN Sittol TOR: for us of He		220.1 certify that (1) (this hospital sow the deceased alive on poove, (1) (we) (did) (did not).  22b. SIGNATURE	6-10-108	5 - 3 - 19 S , and that in (my) (our) opinion	deoth occurred on the date and hour of	ond from the couses stoted
+ 0 0 ± ±			shah m-D	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	6-10-81
TO HOSPITAL TO FUNERAL should be det with the Stote IMPORTANT:		R-m.	SHAH.	old Cru	in & librety	KO
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DHMH - 16 50M 1/81 (VRA 15, 4)		JNERAL DIRECTOR SOL LEV	INSON & BROSES,	NIC'	TE REC'D. BY REGISTRAR 256. REGISTRA JN 1 7 1981	AR'S SIGNATURE

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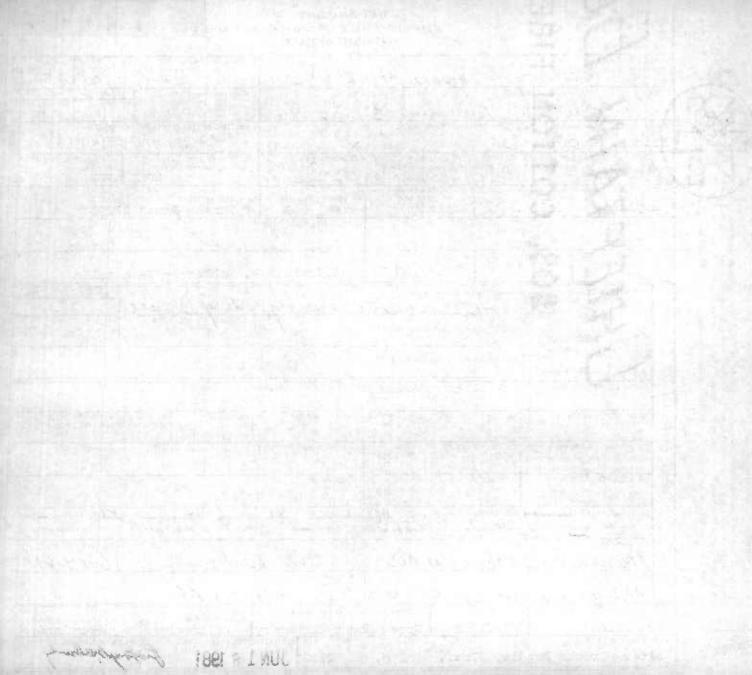
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m £		REGISTRAR CEASED NAME FIRST	MIDDLE	L.	ST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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0	3 SE		4. RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ector.	W	Male	White	MONTH 8	26 1915	65 YRS	MONTHS DAYS HOURS MIN.
5 3	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
Con 72		MD	U.S.A.	WIDOWE	DIVORCED [	Baltimore Co	
iled with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	GIVE STREET ADDRESS)		12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIE	126. KIND OF BUSINESS OR INDUSTRY
-		andallstown		unty Gen.	Hospital	self-employed	Painter
filled in bould be must be	13a S	L RESIDENCE (IF NURSING HOMI TATE 136 CC	DUNTY 13c. CITY	ence before admission) OR TOWN dallstown	13d. INSIDE CITY LIMITS? YES ☐ NO [X]X	13. STREET ADDRESS 10101 Liberty R	Road
etely 12 sh nine	14. FA	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAST
130		Vernon		Wheat	Lillian		Spealman
Poges 1		AS DECEASED EVER IN U.S., ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	-12-0849	17 INFORMANT Mrs	. Doris Wheat y Rd. Randallst	am MD 21133
pers ol.		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
emove	- 17		JSED BY:  IATE CAUSE (a)	cule 1	4.I.		
or ro atic		4100	DUE TO, OR AS A C	ONSEQUENCE OF			
ifian,		Conditions, if any, which	( (b) H	ASCUL			
by me ase rem I, cremo other tr		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE OF			
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s been prior s any ir	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
5 g c c	RTI	as accommodate with the second	716. TIME OF INJURY	,	at. How hallow occup		S NO
S 00 -20		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MO	NTH DAY YEAR	TZIZ. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART 1 OR PART 2)
al-transit ntol Hygie	- Q	THE ETIMER INCLIFT MEDICAL CRAM	F./Y1.				
burial-trans I Mental Hyg or Item 18 st	EDICA	21d. INJURY OCCURRED	21e. PLACE OF INJUR	RY	211 LOCATION	CITY OF TOWN	COUNTY
this certificates the burial-trans and Mental Hyg	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO	RY, OFFICE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
8: After this certificate use os the burial-trans ealth and Mentol Hygs marked or Item 18 sh	MEDICA	WHILE NOT WHILE	(AT HOME, STREET, FACTO	RY, OFFICE FARM, ETC.)		CITY OR TOWN	COUNTY STATE  19 7 , that (i) we) lost
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KECTOR: After this certificated for use os the burial-tept of Health and Mental tem 21 is marked or them	MEDICA	WHILE NOT WHILE AT WORK  220.1 certify that (1) (this ha	(AT HOME, STREET, FACTO	ed from, on	d that in (Green) opinion	, to 6 - / - death accurred on the date and have	19 2 , that (Dwe) lost or and from the couses stated 22c. DATE SIGNED
AL DIRECTOR: After this certification of the buriol-to-tree Dept. of Health and Mertal IT: If them 21 is marked or them	MEDICA	while NOT WHILE AT WORK  220. I certify that (I) (this has sow the deceased alive above. I) (we) (did) did	(AT HOME, STREET, FACTO	ed from, on	d that in (A) (our) opinion		19 , that (j) we) lost or and from the couses stated
AL DIRECTOR. After this certif detached for use as the burial+the Dept. of Health and Mental it: If them 21 is marked or them	MEDICA	WHILE AT WORK NOT WHILE AT WORK  220.1 certify that (I) (this has sow the deceosed olive above. (New) (did) (did) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (IY	ispitol) ottended the deceos on view the body after dec	ed from, on	d that in (A) (our) opinion	, to, death accurred on the date and hau  MEDICAL STAFF DIRECTOR   PHYSICIAN	19 2 ( , that (i) we) lost or and from the couses stated 22c. DATE SIGNED 6 -1-81
AL DIRECTOR. After this certificated for use os the burial-tate Dept. of Health and Mental II: If them 21 is marked or them		WHILE NOT WHILE AT WORK  220.1 certify that (I) (this he sow the deceased alive above, (I) (we) (did) did  228. SIGNATURE  220. PHYSICIAN'S NAME (TY	(AT HOME, STREET, FACTO  SSPITO) ottended the deceos  On  The view the body after deceos  PE OR PRINT)  CAUCAL  CAUCAL	ed from 7	d that in (Fridour) opinion DEGREE  D ATTENDING PHYSICIAN [1] 22e ADDRESS	death accurred on the date and house of the date and house of the date and house of the date of the da	19 2 ( , that (i) we) lost or and from the couses stated 22c. DATE SIGNED 6 -1-81
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	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.										
		CEASED NAME	FIRST	WIDDLE		LAST		20. DATE OF DEA	ATH MONTH	DAY	YEAR	26 HOUR		
			MACON	LERO	Υ .	WILLIAM	S	June 2	5, 1981	1:19a A				
	3. SE	X	4. R		5.0	DATE OF BIRTH		6. AGE (IN YEARS			ER I YEAR	IF UNDER 24 HRS		
	M	[ale	3,1-3,3	White	M	ay 26 1	922 YEAR	59	HOURS MIN.					
L	76 B	IRTHPLACE (STATE C	OR FOREIGN 76. C	TITIZEN OF WHAT	COUNTRY? 8	XXXX.	VER MARRIED	9 BALTIMORE	ITY OR COUN		EATH			
Ψ	Ma	shington,	N.C.	USA	1	DOWED T	DIVORCED []	Baltim	ore Cou	intv		MC		
57		ssville 2		NAME OF HOSPITA	AL, NURSING HO	OME OR OTHER		120 USUAL OCC TYPE OF WORK FOR Lift tru	UPATION	126	KINIA	erricanor Can Co.		
15	USU.	al RESIDENCE (IF NO STATE aryland	RSING HOME OR OTHE 136 COUNTY Baltim		TY OR TOWN		IDE CITY LIMITS?	13e STREET ADD				an oo,		
	14. F.A	ATHER'S NAME				15 MOT	HER'S MAIDEN NA	ME						
30		FIRCLeo	phas A.	Williams	LAST		Katie	Mae Will	ard		LAS	Ť		
1		WAS DECEASED EVE	R IN U.S. ARMED	000.00	CIAL SECURITY		RMANT	1	ADDRESS					
1		YEN OR UNKNOWN)	MMTI	57	7 22 86	14 Dol	ores C. W	illiams	, Wife		Same			
	Z	Conditions, if on gove rise to ir cause (a), stol underlying cou	y, which mmediote thing the se lost.	DUE TO, OR AS A (  (b) Statu  DUE TO, OR AS A (	CONSEQUENCE	of with left pno of cole	nsive rig pulmonar eumonecto ctomy	y conges my & par	tion. tial		PART 140	91		
1	CERTIFICATION	19a DATE OF OPER	ATION	196. CONDITION FO	OR WHICH OPER	RATION WAS P	ERFORMED	20b. IF	YES, WERI	E FINDIN CAUSES	IGS USED OF DEATH?			
9		210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJUR HOUR A.M. MG		YEAR	W INJURY OCCUR				PART 2)			
	MEDICAL	21d INJURY OCCU	RRED	21e PLACE OF INJU (AT HOME STREET, FACTO		21f. LOC	CATION	CITY	ORTOWN	co	PUNTY	STATE		
		22a I certify that sow the decea		June 25 w the body ofter de		une 9	, 19 <u>81</u> ( <b>%</b> ) (our) opinion (	, to June death occurred on	25 the date and h	, 19 <u>8</u> nour and f		that (we) last		
		226 SIGNATURE	mh El	lot (	lat	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN 🗗	27	C-a			
1		22d. PHYSICIAN'S N		tt Schutz	Y	901	oress 00 Frankl	in Square	e Drive	212:	37			

Paul Funeral Home

Eastern

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Washington, N.E. DUNIY

250. DATE REC'D. BY REGISTRAR 256 FEGISTRAR'S

STATE

BP\_\_\_\_\_ DHMH - 16 50M 1/81 (VRA 15, 4) 230. BURIAL, CREMATION, REMOVAL

THE PUNEAU DIRECTO

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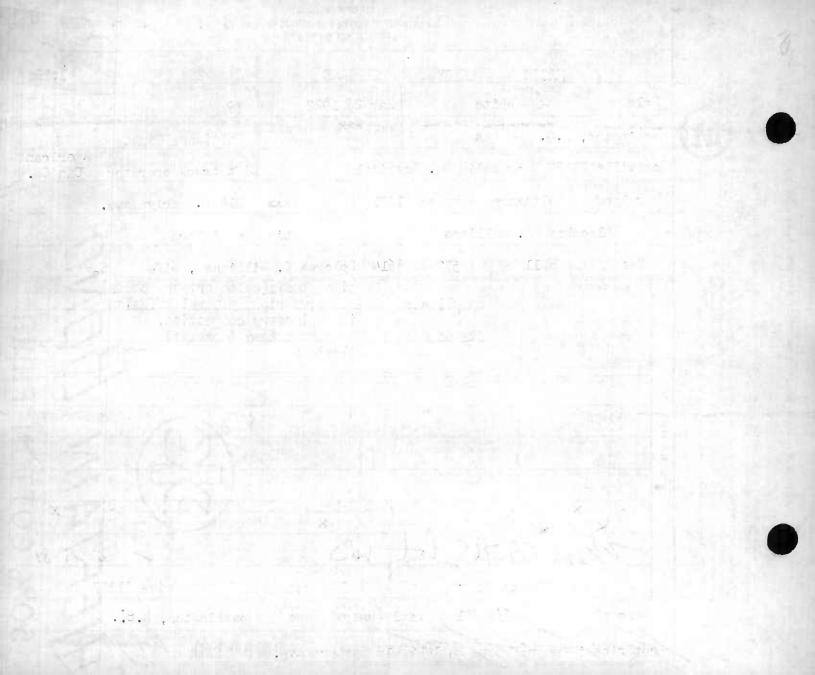
and 2 sh

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detoched for use as the burial-transit permit. Then please remove carbon parent. Pwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT. If them 21 is marked or them 18 shows any injury, or other troumatic event, the manner and the manner

TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physicia

may be

deoth Poge



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN Th HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 81 PATRICK 6 28 WILSON 19 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DAY 2d HOUR 26. DATE AST BIRTHDAY) PRONOUNCED 7:30 M July 27 1964 28 19 81 DEAD 6 white male TO. BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Loch Raven Cockeysville 136 COUNTY 13a STATE Baltimore 13d. INSIDE CITY LIMITS? 6619 Hudson St. #21224 Maryland NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Graybill Wilson Beverly E. Norman T. PAGES 1 DIVISION 0 ADDRESS 6619 Hudson St. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 218-78-8683 Father Norman E. Wilson Balto. Md. 21224 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, D.L., CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C 19c DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? ONLY 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR AM MONTH DAY YEAR 2:30°, 6-28-Drowned while swimming. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.)
Water PAGE 3 STATE DE 2 21201 F CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK Balto. Loch Raven Md. TO MEDICAL EXAMINER: THE EECUIF THE CERTIFICATE. YE PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held an and in my apinian Accident X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 6-29-81 Assistant MEDICAL EXAMINER SIGNATURE Ahn M. Dixon. M.D. 111 Penn St. EXAMINER'S NAME TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE July-23c NAME OF CEMETERY OF CREMATORY
Sacred Heart Of Mary 23d. LOCATION Baltimore . BW July-1-1981 BP 24 FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Walter Dabrowski 1005 Dundalk Ave. #21224 (VR A15 ME (5)) 15M 2/80

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	1.	FOR - STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	GIENE 8	10.	49	2 0
, th		CEASED NAME FIRST OR PRINT)	LARY	F.		, JR.	28. DATE OF DEATH	MONTH D	F 3003	6. HOUR
e 4 moy	3. SE	x Male	4 RACE White	9	S. DATE C		6. AGE (IN YEARS LAST BI			F UNDER 24 HRS HOURS MIN
Pog	C	RTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF V		DV0 0	NEVER MARRIED	9 BALTIMORE CITY BALTIM	OR COUNTY		MD.
by the tri	10 C	ITY OR TOWN OF DEATH		OSPITAL, NU H FACILITY, GIVE S Adwick	RSING HOME C	ROTHER INSTITUTION 1221	12g. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST	OF WORKING LIFE		BUSINESS OR
filled in toold be f	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		GIVE RESIDENCE E		13d. INSIDE CITY LIMITS? YES NO 🔼	13e. STREET ADDRESS 1473 Had	wick Dr	rive 212	21
mpletely ond 2 sh	14. F/	ATHER'S NAME FIRST Hill	ary Wilt	t, Sr.		15 MOTHER'S MAIDEN NA FIRST	Lillian .	Ayers	LAST	
be execut on and ca s. Pages 1	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	220 16		17. INFORMANT WILLIAM R. 1	ЗЦЦЗ <sup>®</sup> R WILT BALTIM	ORE MD		1
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rattending physician.  The this certificate has been signed by the attending physician and completely filled in by as the burnol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burnol, cremation, or removal.	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	RAS A CONSE	COUENCE OF	NOT RELATED TO THE TERA	U		N IN PART 1(a)	0
IAN: The low ree physicion. rificate has been transit permit. T al Hygiene prior 1 m 18 shows any in	CERTIFICATION	198. DATE OF OPERATION  11/3/80  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OI	inile -	biopsy	N WAS PERFORMED	206 AUTOPSY?  YES NO RED (ENTER NATURE OF INJ	IN CERTIFY YES	WERE FINDING FING CAUSES O	
VG PHYSICIAN: offending physical ther this certifical state buriol-tran h and Mental Hy orked or frem 18:	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE AT WORK  AT WORK	P.A 21e PLACE C		19 FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
TTEND opital or ITOR: A for use of Heal of Heal		22a I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE	1) view the bady	3 after death	981,00	d that in (my) (aur) opinion DEGREE  ATTENDING PHYSICIAN	deoth occurred on the decomposition of the decompos	AFF		
HOSPII pined by FUNER buld be wild be PORTAN		22d PHYSICIAN'S NAME (TYPEO Louis Dorosow				22. ADDRESS 5400 Old Co	ourt Rd.	2120	ירס	
BP C S S	23a. I	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 6/17			EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN		COUNTY	STATE

ADDRESS

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	STATE REGISTRAR		MEI	DICAL EXAMIN		IFICATE OF I	DEATH '	REG. NO.		-
	ECEASED NAME	FIRST		WIDDLE	LAST		20. DATE K	NOWN XX M	AONTH DAY	YEAR
		Joseph	Saba	stian	Witn	mer	DEATH		6 8	1981
3. St	X 4.	. RACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UNDER 1		HRS. 2c. DATE		ONTH DAY	YEAR
	ale	White	unkno	/()	rRS.		DEAD		6 8	1981
	OREIGN COUNTRY)	TE OR	7b. CITIZEN OF WE	HAT COUNTRY?		NEVER MARRIED	X	recity or colore		
10.0	Utah	E DE ATH	USA	PITAL, NURSING HON	WIDOWED L		. USUAL OCCUP			/
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13a.	IAL RESIDENCE (# STATE Larylan	d Bal	prother institution, gir TY <b>timore</b>	ve residence before admiss 13c. CITY OR TOWN White Mai	134 189	SIDE CITY LIMITS? 13e	STREET ADDRES	s dge Ro	ad	2123
14.1	ATHER'S NAME		MIDDLE	LAST	15. MC	OTHER'S MAIDEN N	IAME	DDLE		LAST
	LW21	unkno		LA31			cnown			27,07
160.	WAS DECEASED I	EVER IN U.S. ARA		16b. SOCIAL SECURI		FORMANT		ADDRESS		
	No			232-03-3	3446   He	enry A.	Merche	1 4834		
	18 CAUSE OF I	DEATH (Enter and TH WAS CAUSED	201	far (a), (b), and (c).)		- 4				APPROXIMATE
	1/00		TE CAUSE (a). A	rterioscle		<u>rdiovascu</u>	<u>lar Dise</u>	ase		
	701	, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF					
-	gave rise	to immediate	(b)							
	lying cause	tating the <u>under-</u> last.	DUE TO, OR	AS A CONSEQUENCE	OF					
	DARY 2 OTHER CICH	ISSCAUT COMPUTIONS	(c)	BUT HOT BELLYED TO THE YEAR						
	TAKE & OTHER SION	WICHNI COMPILIONS	CONTRIBUTION TO DEATH	BUT NOT RELATED TO THE TER	WINAL DISEASE OR COM	DITION GIVEN IN PART I	a			
Z										
ATION	19a. DATE OF O	PERATION	19b. CONDIT	ION FOR WHICH OPE	RATION WAS PER	PEORMED?			20	AUTOPSY?
IFICATION	19a. DATE OF O	PERATION	196 CONDIT	ION FOR WHICH OPE	RATION WAS PER	RFORMED?				
SERTIFICATION	210 EXTERNAL	CAUSE WAS	216 TIME OF	INJURY	21c HOW IN.	RFORMED?	ENTER NATURE OF INJU	JRY IN ITEM 18 PART		AUTOPSY?
CAL CERTIFICATION	210 EXTERNAL	CAUSE WAS	216 TIME OF	INJURY MONTH DAY YEA	21c HOW IN.		ENTER NATURE OF INJU	JRY IN ITEM 18 PART		
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years when Telegraphic Land Conserved . A year of thirt series [2]

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HI	OF MARYLA EALTH AND I CATE OF E	MENTAL HYGI	ENE 8	NO.	49	2 3
		CEASED NAME FIRST	17-11	MIDDLE	LA	ST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		MAR		THERESA		TTI			06	308/	630 AN
	3. SE.	× Female	4 RACE	ite	S. DATE O	F BIRTH	*69°9	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
ej.	70, BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
335		Maryland	U.S.	Α.	MARRIED	NEVER A	VORCED	Baltin			MD
0		andallstown	NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET. URT NURSI	ADDRESS)	OR OTHER INSTITUTION  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Housekeeper  Gen.					
35	13a S	AL RESIDENCE (IF NURSOID III) STATE aryland	OIL OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimor	ADMISSION)	13d. INSIDE C	ITY LIMITS?	13° STREET ADDRES	Ba	Ito. Md	23
300	14 FA	THER'S NAME FIRST  John	WIDDLE	Kimb	a11	15. MOTHER'S	MAIDEN NAM	UNKNO	) W N	EAS	
dicol		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17. INFORMA				to., Md	
E		NO	, or or or or or or or	216-10-	1471	David	Witt 1	523 W. Pr	att St	reet 2	1223
injury, ar ather tra	ATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	DUE TO, O		DEATH BUT I	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CO	NDITION GI	VEN IN PART 110	
no so	5	190 DATE OF OPERATION	148 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN IFYING CAUSES	GS USED OF DEATH?
no syons ou	CERTIFIC.	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	21b. TIME C	DF INJURY				YES NO	IN CERT	FYING CAUSES	IGS USED OF DEATH? NO
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9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	MEDICAL CERTIFICA	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME C HOUR A. INER) P.	DF INJURY M. MONTH DA	YEAR		JURY OCCURRE	YES NO	JURY IN ITEM 18	FYING CAUSES	OF DEATH?
TANT: If them 21 is marked or them 18 shows ony		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHETTER NOTIFY MEDICAL EXAM 214 IN JURY OCCURRED	21b. TIME CHOUR A. HOUR A. INER)  21c. PLACE (AI HOME STI	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA	Y YEAR 19 ARM.EIC)	211 LOCATIC SIREET	JURY OCCURRED  DN  19 Social opinion de  ATTENDING PHYSICIAN	YES NO CITY OR CITY OR COTH accurred on the	IN CERT Y  JURY IN ITEM 18  TOWN  dote and ha	IFYING CAUSES ES  PART I OR PART ?)  COUNTY	STATE  state  that (i) (we) lost couses stated
ANT: If them 21 is marked or them		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK 120.1 certify that (I) (this he saw the deceased alive above 11 times (cital dic	21b. TIME CHOUR A. INER)  21c. PLACE (AT HOME. STI  21c. PLACE (AT HOM	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA the deceosed from	Y YEAR 19 ARM.EIC)	21c HOW IN 21l LOCATIC STREET  d that (my) EGREE	JURY OCCURRED IN STREET OF THE	YES NO CITY OR CITY OR CONTROL OF INC.	JURY IN ITEM 18  TOWN  dote and ha	COUNTY  COUNTY  19  220. DATE	STATE  sthat (I) (we) lost couses stated
T. If them 21 is marked or them	WEDICAL MEDICAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has sow the deceased alive about 10 medical form) 22b. JIGNATURE  22d. PHYSICIAN'S NAME IT	21b. TIME CHOUR A. INER)  21c. PLACE (AI HOME STI 2 popital) at maded the	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA De deceosed from 19 236. N	AY YEAR 19  ARM. ETC.)  D  JAME OF CE	21c HOW IN 21l LOCATIC STREET  d that (my) EGREE	JURY OCCURRED  IN OPINION de CATTENDING PHYSICIAN S  Old Cou	YES NO CITY OR  CITY OR  to Coth accurred on the  MEDICAL ST DIRFCTOR PHYS	JURY IN ITEM 18  TOWN  dote and ha	COUNTY  COUNTY  19  220. DATE	STATE sthat if (we) loss couses stated

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STATE OF LINES MANUSCHIM NO Balto Ger Gree Hospy Inschmist Hones Transit Randalle France med Falte Kersterman To a begaden Con 20000 the transfer of the Later Land bound and Later to Els THE ROLL WARREN LINES ..... then the waste with the second of the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) MARGERY LEVERING WOLFE JUNE 30,1981 6:30 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) SELINDER I VEAR April 4.1898 White Female BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore County WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Cockeysville Broadmead-13801 York Rd. Homemaker 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Cockeysvilles 13801 York Rd. Maryland 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME Edward Walker Levering Mary Wilson Gould 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 600 Chestnut Ave. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 220-44-0132 Eugene L. Wolfe Towson, Md. 21204 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Chronic Obstructive lung disease 10 yrs. DUE TO, OR AS A CONSEQUENCE OF 2 10 years. Pulmonary emphysema. Conditions, if ony, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Arteriosclerotic heart disease, tachyarrythmia. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be none YES [ 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem none LIF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION ö (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (this hospital) oftended the deceased from CCTOBON saw the deceased alive on saw the deceased alive on and that in (my) (exc) opinion death occurred on the date and hour and from the causes stated above, (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22d. PHYSICIAN'S NAME LTYPE OF PRINTS 22ª ADDRESS old b Charles E. Ellicott, M.D. 1134 York Rd. Towson, Md. 21204 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BP. Buria1 /2/81 Druid Ridge Pikesville. Balto. 250. DATE REC'D. BY REGISTRAR IN LEGETRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 6500 York Rd DHMH - 16 60M 1/75 (VRA 15 (4)) Mitchell-Wiedefeld Home, Inc. Balto, Md

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STATE OF MARYLAND

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6	1.	FOR Film#G557 STATE REGISTRAR AL	7-22-8	1 DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1492	1
y be		CEASED NAME FIRST	1	dward	ING	LINA	2a. DATE OF DEATH MONT	· 25 · 81 25 HO	DR SO
ige 4 mo	3. SE	× Male	4. RACE	White	S. DATE C			MONTHS DAYS HOURS	R 24 HRS MIN.
de di di		irthplace (state or foreign county)	U	WHAT COUNTRY?	MARRIE		Baltimore City or CC		MD.
201	(	atonsville	Sprinsur	ig Grove	State	Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF YOR Warehouse	12b. KIND OF BUSIN INDUSTRY, ONT. (an	
AND 21:	Mc		DROTHER INSTITUTION JUSTY timore	13c CITY OR TOV	VN	13d INSIDE CITY LIMITS? YES NO XX	130 STREET ADDRESS 8313 Belair	Road 21236	
BALTIMORE, MARYLAND cote be executed within 24 ysicion and completely lopers. Pages 1 and 2 should wol. it, the medical examine finite.		David	MIDDITE.	Yinglin	0	15. MOTHER'S MAIDEN NA	Helen	Streckfus	8
TIMORE  be executed on ond control of strength of the control of t		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (# YES, G	RMED FORCES? GIVE WAR OR DATES)	213-20-	5957	Robert D. Y.	ingling 8313	Belair Road 2	1236
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per SED BY: ATE CAUSE (o)	()		mia		APPROXIMATE INTE BETWEEN ONSET AND	D DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  ING PHYSICIAN: The low requires that the death certificate has been signed by the ottending part this certificate has been signed by the ottending post the buriol-transit permit. Then please remove carbon th and Mental Hygiene prior to buriol, cremotion, or removed or them 18 shows any injury, or other traumatic events.	12	Conditions, if ony, which gove rise to immediate	DUE TO, O	R AS A CONSEQU	ENCE OF	eval an	putes.		
201 W. I		couse (o), stoting the underlying couse lost.	(c)	R AS A CONSEQU		UA .	INAL DISEASE OR CONDITIO	AN CHARACT AVE	
ECORDS,  ow require  been sign  mit. Then  prior to bit	ATION	19a DATE OF OPERATION				N WAS PERFORMED		IF YES, WERE FINDINGS USE	D
VITAL RE NN: The lo hysicion. Icote hos ronsit perir Hygiene F 18 shows c	CERTIFICATION	N . A .  210. ACCIDENT WAS UNDERLYING		OF INJURY		21¢ HOW INJURY OCCUR	YES NO NO RED (ENTER NATURE OF INJURY IN IT	CERTIFYING CAUSES OF DEA YES NO [	
PHYSICIAN: anding physic this certificore buriol-tron and Amentol Hydrod dor them 18:	MEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P. PLACE	M. MONTH D M. OF INJURY	19	211 LOCATION			
DING PP or other After the costhe olth and	ME	WHILE NOT WHILE AT WORK  22a.1 certify that (I) (this has		REET, FACTORY, OFFICE,	FARM, ETC )	STREET 10 18	CITY OR TOWN	COUNTY that (M	STATE (ve) lost
R ATTENIA hospital RECTOR: ned for us ppt. of He		sow the deceosed olive a above, (I) (we) (did) (did- 22b. SIGNATURE	n_6 -	9 - 196	-	d that in (my) (ear) apinion	deoth occurred on the dote or	nd hour and from the couses st	toted
TAL O the Oy the detacl District De District De District De De District De		226 PHYSICIAN'S NAME (TYPE	PAW OR PRINT)	abor	7-	M. D ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	6.25	81
retoined by 1 TO FUNERAL Should be del with the Stote	730	BURIAL, CREMATION, REMOVA	Sev	ado S	SS NAME OF C	B. B. N	1236 LOCATION	reilty 54	14e
BP		(SPECIFY) Burial UNERAL DIRECTOR	6-27-			Heart Cemete	ry 7401 German	HILL Rd. Bal	to.
DHMH-16 30M 2/80 (VRA 15, 4)	C	S. Zeiler & Su	on Inc.	5224 Easz	tern A		i.3 0 1981 A	Profray habrerdy	1

indicates a secondary District Street Jaconsville Spring Tome State Position - State Hotel Springer Mountains and Statement French Comment of the Statement of Statement of the Statement of th denied to the day the state of Butter to the said of the last . O. Leider I. wa Dur. 1224 Joseph W. Fill I. W. Lill I. C. William D. C.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

'	REGISTRAR				CERTIF	ICATE O	FDEATH		REC	6. NO.				
	CE ASED NAME	FIRST	,	MIDDLE	L	AST		2a DAT	E OF DEAT	Н момтн	DAY	YEAR	2h HO	UR
	ON PRINCIP	HELEN		Е.	Y	OUNG				06	08	81	30	-AM
3. SE	х		4 RACE		5. DATE C		1 - 1	6. AGE	IN YEARS LA	ST BIRTHDAY)	IF UNI	DER I YEAR	IF UNDE	R 24 HRS
)	FEMALE		WHIT	CE	11	09	1900			80 yr		D DATS	HOURS	WIN
	MTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	□ NEVE	D AA ADDIED F	9 BALT	IMORE CIT	Y OR COU	NTY OF D	EATH		
M	ASSACHUSE	TTS	U.S.	Α.	MARRIED NEVER MARRIED WIDOWED NO DIVORCED				BALTIMORE COUNTY ME					
10 C	ITY OR TOWN OF D	DEATH		HOSPITAL, NURSIN		OR OTHER I	NSTITUTION		UAL OCCU	PATION OST OF WORKIN		b. KIND C	F BUSIN	ESS OR
Al	RBUTUS		13	309 POPLA	R AVE	NUE,	21227		USEWI		(GEITE) IN			
30.	AL RESIDENCE (IFN	URSING HOME OR		GIVE RESIDENCE BEFORE		134 INISID	E CITY LIMITS?	II2a STD	REET ADDRE	cc			= 100	
M	ARYLAND		I IMORE	ARBUTUS		YES	NO X			PLAR A	AVENU	E. 2	1227	,
14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTH	R'S MAIDEN N		MIDD					
	FRANCI		WIDDLE	HALEY			EMILY			J.		LAN	TRY	
	VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFOR	MANT	-		DRESS				
	NO	(11 123, 014)	t WAR OR DATES	025-03-	0728	JANE'	r Young	1309	POPL	AR AVI	ENUE.	212	27	
	II CAUSE OF DE	ATH (Enter on	ly ane cause per	line far (b), (b), an	dyci						L	BETWEEN	IMATÉ INTE ONSET AN	RVAL
	PART I. DEATH		E CAUSE (0)	Hepat	u (	oma	- 1					1	wec	Le
	1539	1	DUE TO, OI	R AS ACONSEOUI	ENCE OF_	0 0					000	1		
	Conditions, if o		( Ib)_	hover	the	lasto	he,	Marie I				6	, 200	0.
	gave rise to cause (a), sta	ating the	DUE TO, OI	R AS ACONSESSI	ENCE OF							,,		
	underlying car	use last.	(c)	Colo	nci	mee	4					15	->	R
7	PART 2 OTHER S	IGNIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELA	TED TO THE TER	RMINAL DIS	SEASE OR C	ONDITION	GIVEN IN	PART 1	0,	1
CERTIFICATION								Line						
ICA	190 DATE OF OPE	RATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	200. /	AUTOPSY?		RTIFYING			
RTH						To: He		YES			YES		NO [	
	OR CONTRIBUTING	_	] 21h TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW	INJURY OCCU	JRRED (ENT	TER NATURE OF	INJURY IN ITEM	18 PART 1 C	R PART 2)		
MEDICAL	(IF EITHER NOTIFY M				19	ļ								
MED	WHILE NOT	WHILE	21e. PLACE (	OF INJURY BEET, FACTORY, OFFICE, F	ARM ETC )	21f LOCA	TION		city	g town	C	OUNTY		STATE
	AT WORK AT	WORK -				1		/	11	·p		9-1-		
	220.1 certify that		(al) attended the	e deceased fram_	014	100	19	, to _	9	/	190		that	
20			view the Wody	after death.			ny)(aur) apinia	on death acc	curred on th	e dote and	-		causes st	ated
19	10/11	1	114	1 11	3	DEGREE	ATTENDING	_ MEDIC	CAL	STAFF	,	Th. DATE	al.	2.
	22d. PHYSICIAN'S		wale	y cell	nn	122- 455	PHYSICIAN	DIREC	TOR PH	YSICIAN [		6/0	18	/_
	LIG. PHISICIAN'S	4	K PKINI)	1 1 11	un	22e ADDI		Lee 1				1		
	con C	6041	CRFI	CLO M	16	ST.	AGNES	HOSPI	TAL,	ONCOL	DGY D	EPAR	TMEN	T

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remove cartion with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or man

IMPORTANT: If them 21 is marked or item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by

injury, ar ather traumatic

08-11-81 REMOVAL/BURIAL 24 FUNERAL DIRECTOR BALTIMORE, MD.

23a BURIAL, CREMATION, REMOVAL

FOR

ST. MARY'S 21229

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OR TOWN
NEEDHAM 25a. DATE REC'D. BY REGISTRAR 25b. REG

MASS. COUNTY

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b. DATE

1981

BEAUTY OF THE STATE OF THE STAT Collem C Statestally Fre West of the tested the first the first and the state of t THE REPORT OF THE PARTY OF THE

6/6/1981

Walter Brooks Bradley Inc. Balto., Md. 21222

Gardens of Faith

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

BP

DHMH-16 30M 2/80 (VRA 15, 4)

FOR

REGISTRAR

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH YEAR 2b. HOUR 6/3/81 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR TO 1900 80 YRS. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County WIDOWEDX DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker 13d. INSIDE CITY LIMITS? 130. SIREEL APPRESS ROAD BALTO. 15 MOTHER'S MAIDEN NAME LAST "ELEANOR W. WETZEL 17 INFORMANT ADDRESS Eleanor M. Wafer 3318 McShane Way 21222 DUE TO, OR AS ACOUSE CHEMIC HEART DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) TH. LOCATION STATE CITY OR TOWN COUNTY 81 And and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 6-3-81 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23d. LOCATION

CITY OF TOWN

Baltimore, Maryland

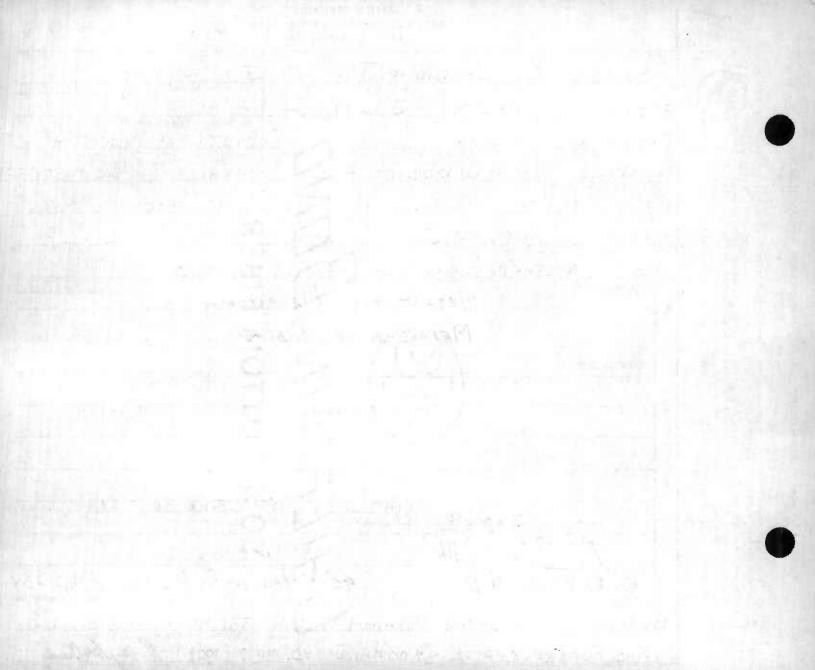
25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

A MILES OF BUTTERS THE WHITE THE TOTAL TOTA

OO HARFORD

(VRA 15, 4)



	۱.	FOR STATE REGISTRAR			Di		ENT OF H	OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYG	IENE 8	REG. NO	1	4 9	3 1	
. 7		CEASED NAME	FIRST		MIDDLE			AST		2a. DATE OF D	EATH /	MONTH DAY	YEAR	26 HOUR	
1			GEORG	E	Α.		ZU	REK		JU	INE	2,	L981	5:15P	M
1	1 SE	х	4	RACE			5. DATE C		YEAR	6. AGE (IN YEAR	RS LAST BIRTI	HDAY) IF (	INDER I YEAR	IF UNDER 24 HR	
.1		Male		Whit			May :	26, 1909		72		YRS.			
35		RTHPLACE (STATE C COUNTRY)  Maryland	DR FOREIGN 7	CITIZEN OF	U.S.A.		MARRIE[ WIDOWE	NEVER MA	ARRIED   ORCED	9. BALTIMORE Balt		county of		,	MD.
380		TOWSON						ROTHER INSTIT		12a. USUAL OC (TYPE OF WORK FO Forema	CUPATION MOST OF	N	12b. KIND O	BUSINESS C	
35	13a. S	AL RESIDENCE (# NE STATE Maryland	136 COUNT		136 CITY C	OR TOWN		13d. INSIDE CIT	Y LIMITS?	13e STREET AD 2815		ughby	Road		
30		THER'S NAME FIRST Peter	Zurek	DDLE		AST			RST		MIDDLE		LAS		
		VAS DECEASED EVE	R IN U.S. ARM	ED FORCES?	166 SOCI	AL SECUR	ITY NO.	17. INFORMAN			ADDRES	S Balti	more,	Md.	
1		No			212-0	5-75	21	Eva Ros	se_Zure	ek 2815	Will	oughby	Road	21 234	
0	CERTIFICATION	Conditions, if or gave rise to it couse (a), sta underlying cau	mmediate ting the se last.	DUE TO, C	ARTE!	NE TO DE	CLER	LAR AC	ARDIC	VASCUI	OR COND		IN PART 1(0	GS USED	_
بان	RTIF						- 6				10 <b>X</b>	YES [		NO 🗆	
9	MEDICAL CE	210. ACCIDENT WAS U OR CONTRIBUTING  (IF EITHER NOTIFY ME 21d INJURY OCCU  WHILE AT WORK  220. I certify that saw the dece above, (Effwe) 22b. SIGNATURE	CAUSE OF DEATH DICAL EXAMINER) WHILE OORK  It (this hospito	21e. PLACE (AT HOME, S1	.M. MON .M. OF INJURY REET, FACTORY	OFFICE, FAR	19 MAY 81, on	211 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  212 LOCATION STREET  AT PH	1981 our) apinion a	, ta death accurred o	INF	2 9 19	COUNTY		ast 8
1		BEATR		DIZON	M.D.			22e ADDRESS		Rd.,			1. 2	1204	
	23a E	BURIAL, CREMATION	V, REMOVAL	23b. DATE		23c NA	WE OF C	EMETERY OR CR		23d. LOCATI	ON				=
	1	Burial		June	5, 81	0a	klaw	n Cemete			timor	e, Mar		STATE	
	24 FU	NAME DIPOS	Funeral	Homes,	Inc.		10 Be	elair Road	JUN	B REC'D. BY REC		Sh. RECISTRA	R'S SIGNAT	JRE	

Data Figure , S. L. Prop.			dipatrite -	
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